Presidential Ballot

Affidavit of Federal Services Facsimile Voter S1F

To vote by FACSIMILE this affidavit must be completed and signed

I, _____ , do hereby declare under penalty of perjury under the laws of the state of Kansas that I am a qualified elector of the state of Kansas, that my place of residence in Kansas is _____ , in the county of _____ ; that my post office address at the time of the election, _____ , 20 _____ , is at _____ ; that I have not voted by any other ballot in such election; that I have personally marked the ballot; and that no other person placed any mark upon said ballot.

I understand that by faxing my voted ballot I am voluntarily waiving my right to a secret ballot.

_____

Signature of Facsimile Voter

_____

Fax Number of Voter

Federal Voting Assistance Program (FVAP) Toll-Free Fax Number 1-800-368-8683

_____ _____

Name of County County Fax Number

Kansas Secretary of State, Docking State Office Building, 915 SW Harrison Street, Topeka, KS 66612
Prescribed by KSA 25-1802(b)

Rev. 8/27/25 tc