

To vote by FACSIMILE this affidavit must be completed and signed

S1F

Affidavit of Federal Services Facsimile Voter

I, _____, do hereby declare under penalty of perjury
Name

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 _____,
Street Address/Route

_____, in the county of _____; that my post office address
City/Post Office

at the time of the _____ election, _____, 20 ____, is at
Date

Federal Service Address ;

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 (FAX Number)