

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