

City/School Form  
**CS**

# Candidate's Declaration of Intention

**BALLOT INFORMATION:**

1. Name - exactly as it will appear on the ballot (include ALL punctuation):

\_\_\_\_\_

2. City:

\_\_\_\_\_

3a. Office sought \_\_\_\_\_

3b. District no. \_\_\_\_\_

4. Term: Regular \_\_\_\_\_ Unexpired \_\_\_\_\_

**OFFICE INFORMATION:**

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed \_\_\_\_\_

7. Residential address (street or rural route) \_\_\_\_\_

8. City \_\_\_\_\_ 9. County \_\_\_\_\_ 10. Zip code \_\_\_\_\_

11. Mailing address (if different) \_\_\_\_\_

12. Telephone number: Home \_\_\_\_\_ Work \_\_\_\_\_

**CANDIDATE STATEMENT & SIGNATURE:**

I declare that I intend to become a candidate for the above-stated office at the appropriate election.

\_\_\_\_\_  
*Signature of Candidate*

**ATTESTATION:**

\_\_\_\_\_  
*County Election Officer  
or City Clerk*

\_\_\_\_\_  
*Deputy Election Officer*

**STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE**

**INSTRUCTIONS.** This statement must be completed by each person required to do so by K.S.A. 75-4301a. Upon completion, mail or hand deliver your completed statement to the office where you filed your declaration of candidacy. If appointed to fill a vacancy in a local elective office, file this form where your predecessor filed for office.

**PLEASE TYPE OR PRINT**

**A. IDENTIFICATION:**

Last Name                      First Name                      MI

Spouse's Name

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

City, State, Zip Code

Home Phone

Business Phone

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

List Name of Office

Position

District

**CONTINUED ON NEXT PAGE**

*Date received (Official use only)*

**C. OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. Please attach additional pages if necessary to complete this section.  
If you have nothing to report in Section "C", check here \_\_\_\_.

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**D. GIFTS IN THE FORM OF GOODS OR SERVICES:** List any person, business or combination of businesses from which you or your spouse either individually or collectively, have received in the preceding 12 months, without reasonable and valuable consideration, goods or services having an aggregate value of \$500 or more.  
If you have nothing to report in Section "D", check here \_\_\_\_.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.			
2.			
3.			

**E. RECEIPT OF COMPENSATION:** List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on you or your spouse in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"1, check here \_\_\_\_.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here \_\_\_\_.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

**F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position as officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section "F", check here \_\_\_\_.

	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD BY WHOM
1.				
2.				
3.				
4.				
5.				

**G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or the combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional pages if necessary to complete this section.  
 If you have nothing to report in Section "G", check here \_\_\_\_.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**H. DECLARATION:**

I, \_\_\_\_\_, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_.

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name		
Street		
City	County	Zip Code
Home Telephone	Business Telephone	
Office Sought	District No.	

**TREASURER**

Date Appointed		
Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

**SIGNATURE**

**“ I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.”**

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**

## INSTRUCTIONS

This form must be completed by each candidate for local office and filed with your County Election Officer. A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:      Kansas Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Office 785-296-4219  
Fax 785-296-2548

**AFFIDAVIT OF EXEMPTION**  
**FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A CANDIDATE FOR OFFICE IN A**  
**CITY (2<sup>ND</sup> & 3<sup>RD</sup> class) UNIFIED SCHOOL DISTRICT**

\*\*If you anticipate receiving or expending more than \$1,000.00 in the Primary or General Election, exclusive of the candidate filing fee, this form may not be used.

File this report with the County Election Officer within 30 days after each Primary, General & Special Election. If a candidate qualifies for this exemption, the candidate must maintain itemized records required by K.S.A.25-904. See other side for examples.

NAME OF CANDIDATE \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Office Sought: \_\_\_\_\_ District No: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

(Name of City, School District)

**AFFIDAVIT:**

State of Kansas

County of Ellis

I, \_\_\_\_\_, do swear (or affirm) that:

1. The information above is true and correct;
2. I intend to expend, contract to expend, or have expended on my behalf an aggregate amount or value of less than \$1,000.00 in the primary election period; and
3. I intend to receive or have received on my behalf (including contributions by myself) contributions of an aggregate amount or value of less than \$1,000.00 in the primary election period; and
4. I understand that the payment of my filing fee, or the receipt of funds to pay my filing fee, is not included in the \$1,000.00 limits of paragraphs 2 and 3; and
5. I intend to expend, contract to expend, or have expended on my behalf an aggregate amount or value of less than \$1,000.00 in the general election period; and
6. I intend to receive or have received on my behalf (including contributions by myself) contributions of an aggregate amount or value of less than \$1,000.00 in the general election period; and
7. If contributions are received or expenditures made (actual or contractual) exceeding any of the amounts stated above, I shall within three (3) days of the date of such excess file all past due itemized statements and shall file all such future itemized statements as required by K.S.A. 25-904(b).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Candidate)

Subscribed and sworn to/affirmed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Notary Public)

My appointment expires: \_\_\_\_\_  
election forms/filing forms/affidavit of exemption-cities, school districts,



Example 1: Candidate A intends to receive contributions of less than \$1,000.00 and make expenditures of less than \$1,000.00 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000.00 during the general election period. He also intends to make expenditures (either actual or contractual) of more than \$1,000.00 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-904(b).

Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.

Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000.00 in each the primary and general election period; however, the \$1,000.00 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-904(b).

If you have any questions concerning this affidavit, please contact:

Ellis County Election Officer  
Donna J Maskus  
718 Main Street  
Hays, KS 67601  
Office (785) 628-9410  
Fax (785) 628-9413

**ITEMIZED STATEMENT OF CAMPAIGN  
RECEIPTS AND EXPENDITURES (K.S.A.25-904)**

RECEIPTS & EXPENDITURES REPORT FOR (CHECK ONE) Primary ( ) General ( )

File this report with the Ellis County Election Office within 30 days after both the Primary and General Elections. Reports received after 30 days are delinquent. This report is required for candidates of 2<sup>nd</sup> & 3<sup>rd</sup> class cities and unified school districts.

NAME \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Date)

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Candidate for Position of: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_  
(Name of City, School District)

**RECEIPTS**

Total unitemized contributions (\$50 or less) a. \$ \_\_\_\_\_

Please list below contributions from each person, organization (in excess of \$50).

<u>Date</u>	<u>From Whom Received</u>	<u>Address</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total itemized receipts (in excess of \$50) Total receipts b. \$ \_\_\_\_\_

(If needed, attach extra sheets)

**Record Expenditures on reverse side. Complete notarized section in front of a notary.**

EXPENDITURES

<u>Date</u>	<u>To Whom Paid</u>	<u>Address</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(If needed, attach extra sheets) Total campaign expenditures c. \$ \_\_\_\_\_

Total unitemized contributions (\$50 or less)	a. _____
Total itemized contributions (in excess of \$50)	b. _____
Total campaign expenditures	c. _____

I do solemnly swear or affirm that the above is a complete statement of all receipts and expenses incurred by me as a candidate for the office of \_\_\_\_\_ at the \_\_\_\_\_ Election held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Candidate

**THIS FORM MUST BE NOTARIZED**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My appointment expires;

\_\_\_\_\_  
Return this completed form to:  
Ellis County Election Office, 718 Main, Hays, KS 67601  
Within 90 days from Election Day election forms/filing forms/receipts & expenditures-cities, school