



**KANSAS SECRETARY OF STATE  
City/School Candidate's  
Declaration of Intention**

<b>1. Name</b> <small>List exactly as it will appear on ballot, including all punctuation.</small>			
<b>2. City</b>			
<b>3a. Office sought</b>		<b>3b. District Number</b>	
<b>4. Term</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Unexpired		<b>5. Preferred title</b> <small>Used for mailing purposes.</small>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
<b>6. Residential address</b> <small>Provide a street or rural route. Do not leave blank.</small>	Address		
	City	County	Zip
<b>7. Mailing address</b> <small>Complete if mailing address is different from above.</small>	Address		
	City	State	Zip
<b>8. Telephone number</b>	Home	Work	Cell
<b>9. Email address</b>			

<b>10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.</b>				
Signature of Candidate X	<b>Today's Date:</b>	Mo.	Day	Yr.
County Election Officer X	Deputy Election Officer X			



**GOVERNMENTAL ETHICS COMMISSION**

**STATEMENT OF FAIR CAMPAIGN PRACTICES**

I shall conduct my campaign in the best tradition, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponent and his or her party which merit such criticism.

I shall conduct my campaign without the use of vilification, character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.

I shall conduct my campaign forswearing any dishonest or unethical practice which tends to discredit the legislative process or the Legislature as an institution.

I shall conduct my campaign without the use of campaign material of any sort which misrepresents, distorts, or otherwise falsifies the facts regarding any candidate, as well as the use of malicious or unfounded accusations against any candidate which aim at creating or exploiting doubts, without justification, as to his or her loyalty and patriotism.

I shall refrain from the unfair practice of publicizing campaign material detrimental to my opponent too near election day to permit my opponent's rebuttal.

I shall conduct my campaign without any appeals to prejudice based on race, sex, creed, or national origin.

I shall immediately and publicly repudiate support deriving from any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics which I condemn.

I, the undersigned, candidate for election to a state or local office in Kansas, hereby endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

\_\_\_\_\_  
Office Sought

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**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
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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		
Mailing Address		
City	County	Zip Code
Telephone	Email	
Office Sought	District No.	

**TREASURER**

Date Appointed		
Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**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 state office and filed with the Secretary of State (Memorial Hall - 1<sup>st</sup> floor, 120 SW 10<sup>th</sup>, Topeka, KS 66612-1594). 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:

Governmental Ethics Commission

901 S. Kansas Avenue

Topeka, Kansas 66612

Ofc 785-296-4219

Fax 785-296-2548



**AFFIDAVIT OF EXEMPTION  
K.S.A. 25-904(a)**

- Applicable to candidates for election in 2<sup>nd</sup> & 3<sup>rd</sup> class cities, school districts, community college, townships, and extension districts.
- Candidates who anticipate receiving or spending less than \$1,000 in each of the Primary and General elections, exclusive of any filing fees, may use this form to exempt themselves from filing reports of expenditures.
- For exemption, a candidate must complete this Affidavit of Exemption and file it with the Ellis County Election Office **nine (9) days before the primary election**. Even if the candidate anticipates not being in a Primary election, this form is due by the deadline to be valid.
- Once the form is filed it will exempt the candidate from filing the required Candidate's Itemized Statement of Personal Election Contributions and Expenditures, which is due thirty (30) days after each election for which the candidate would otherwise be required to file.

NAME OF CANDIDATE \_\_\_\_\_  
(please print)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

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

Election Date \_\_\_\_\_ Candidate for: \_\_\_\_\_ Ward/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: \_\_\_\_\_

**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 30 days from Election Day