

City/School Form

Candidate's Declaration of Intention CS

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 (2ND & 3RD 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
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 2nd & 3rd 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