

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

1. Name

List exactly as it will appear
on ballot, including all
punctuation.

2. City**3a. Office sought****3b. District
Number****4. Term**

☐ Regular ☐ Unexpired

5. Preferred title

Used for mailing purposes.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

6. Residential address

Provide a street or rural route.
Do not leave blank.

Address

City

County

Zip

7. Mailing address

Complete if mailing address is
different from above.

Address

City

State

Zip

8. Telephone number

Home

Work

Cell

9. Email address**10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.**

Signature of Candidate

X

**Today's
Date:**

Mo.

Day

Yr.

County Election Officer or City Clerk

X

Deputy Election Officer

X

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. | | | | | |
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- 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. | | | | |
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- 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 |
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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

CANDIDATE

(Please Type or Print)

| | | |
|----------------|--------------------|----------|
| 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**
109 West 9th, Suite 504
Topeka, Kansas 66612
Ofc 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, COMMUNITY COLLEGE, OR TOWNSHIP**

IF YOU ANTICIPATE RECEIVING OR EXPENDING MORE THAN \$1,000 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 prior to July 28, 2025. 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 _____ **Business:** _____

Office Sought: _____ **District No.** _____

Jurisdiction: _____
(Name of City, School District, Community College, or Township)

AFFIDAVIT:

State of Kansas
County of Jackson

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: _____

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:

Jackson County Clerk
400 New York Ave., Ste 201
Holton, KS 66436
(785) 364-2891

Kansas Non-Partisan City/School Nomination Petition

Form
CP

I, the undersigned, an elector of the appropriate election district, county of _____, and state of Kansas, and a duly registered voter, hereby nominate _____, who resides at _____, in the county of _____, and state of Kansas, as a candidate for the ☐ regular term / ☐ unexpired term for the office of _____, of _____, state of Kansas, at the election to be held on November _____, 20_____.

(Number and street or RR) (City) (Name office specifically) (Name of city or school district number)

| | Signature of Signer | Name of Signer (Print) | Street number or rural route | Name of City | Date |
|-----|---------------------|------------------------|------------------------------|--------------|------|
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Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF _____ }
ss.

I, _____ ,
Print Name

(check one):

_____ I am the circulator of this petition. I am qualified to circulate this petition and I personally witnessed the signing of the petition by each person whose name appears thereon.

_____ I am the candidate

Signature

Circulator's residence address

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

(SEAL)

Person authorized to administer oaths

My appointment expires _____, 20 _____.

Kansas law states that a petition circulator is a person who is a U.S. citizen, at least 18 years of age, and has not been convicted of a felony, or if convicted of a felony has been pardoned or restored to such person's civil rights.