# Candidate's Declaration of Intention CS

| 2. City:  |             |           | <u> </u>              |
|---|-------------|-----------|-----------------------|
|   |             |           |                       |
| Sa. Office sought   | <u>-</u>    |           |                       |
| 8b.Districtno.  |             |           |                       |
| l. Term: RegularUnexpired   |             |           |                       |
| OFFICE INFORMATION:   |             | -         |                       |
| 5. Formailing purposes, indicate preferred title: M. 7. Residential address (street or rural route) |             |           |                       |
| 8. City 9. County   |             |           | 10. Zip code          |
| 1. Mailing address (if different)   |             |           |                       |
| 12. Telephone number: Home  |             | Work      |                       |
| declare that I intend to become a candidate for the above-  | stated offi | ceatthe   | appropriate election. |
| . —   |             |           | Signature of Candido  |
| ATTESTATION:  |             |           |                       |
|   |             |           |                       |
| County Election Officer<br>or City Clerk  | <br>Dep     | uty Eleci | tion Officer          |
|   | ٠           |           |                       |

### **Guide for Statement of Substantial Interest for Local Office**

"Business" means any corporation, association, partnership, proprietorship, trust, joint venture, and every other business interest, including ownership or use of land for income.

"Candidate for Local Office" means any candidate for nomination or election to any elective office of a governmental subdivision.

"Compensation" means any money, thing of value or economic benefit conferred on, or received by, any person in return for services rendered, or to be rendered, by that person or another.

"Governmental Subdivision" means any city, county, township, school district, drainage district or other governmental subdivision of the state having authority to receive or hold public moneys or funds.

"Preceding Calendar Year" has its usual meaning, except that in the case of candidates and individuals newly appointed to office or employment, it means the 12 months immediately preceding a required filing date.

#### Who Shall File and When

Statement of substantial interests shall be filed by the following individuals at the time specified:

- By a candidate for local office who becomes a candidate on or before the filing deadline for the office, not later than 10 days after the filing deadline, unless before that time the candidacy is officially declined or rejected.
- By a candidate for local office who becomes a candidate after the filing deadline for that office, within five days of becoming a candidate, unless within that period the candidacy is officially declined or rejected.

- By an individual appointed between January 1 and April 30 to fill a vacancy in an elective office of a governmental subdivision, between April 15 and April 30, inclusive of that year.
- By an individual appointed after April 30 of any year to fill a vacancy in elective office of a governmental subdivision, within 15 days after the appointment.
- By an individual holding an elective office of a governmental subdivision, between April 15 and April 30, inclusive, of any year if, during the preceding calendar year, any change occurred in the individual's substantial interests.

#### Section Guide to Form

A\_B NAME & POSITION: Self explanatory.

C OWNERSHIP INTERESTS: The value or percentage of a business interest is to be determined at the time of the required filing. The value assigned to a holding is the fair market value. Ownership of stocks and shares including traded and closely held stocks shall constitute legal or equitable interests for the purpose of this section. In addition, all retirement accounts and mutual funds must be listed. In reporting retirement accounts and mutual funds, include the name of the entity that holds the retirement plan assets or mutual funds and not the specific holdings of that plan, unless the holdings are specifically owned in the individual's name. (See Governmental Ethics Commission Opinion 2000-52.) Business interests include, among other things, property held for rental, farming, commercial purposes and ownership of mineral rights. Also included are businesses operated out of your home. The address reported for land without a street address should include the rural route, town and state or township, county and state. For the purpose of this section, certificates of deposit, bank savings or checking accounts in a savings and loan, shares in a credit union, life insurance policies, annuities which are not part of a retirement plan, notes, bonds, debentures and mortgages need not be disclosed under this provision.

**D GIFTS IN THE FORM OF GOODS OR SERVICES:** If a gift is received for which the value is unknown, you are required to list the donor. You are not required to list the

donor of a gift (1) if the gift or bequest was received as the result of the death of the donor; (2) if the gift was from a spouse, parent, grandparent, sibling, aunt or uncle; or (3) if acting as a trustee of a trust for the benefit of another.

**E COMPENSATION:** The disclosure required under this section shall include the name and address of the business or combination of businesses, the type of business and a description of whether the compensation was received by the individual, the individual's spouse, or both. The receipt of interest, dividends and mineral royalties does not constitute "compensation" as defined in <u>K.S.A. 75-4301a(i)</u>, and those matters need not be reported under this provision; however, ownership interests concerning these items may need to be reported under section "C".

F OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: The disclosure under this section shall include the name and address of the business or organization and the position held. A person holding the position of administrator or executor of an estate shall not be considered reportable under this section. The holding of a position of officer or director of an organization or business includes for profit and nonprofit organizations.

G RECEIPT OF FEES AND COMMISSION: The disclosure under this section shall include the name and address of the client or customer and a description of whether the fees or commissions were received by the individual, the individual's spouse, or both. 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 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.

#### STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

<u>INSTRUCTIONS</u>. 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.

|                        | 3                     | PLEASE TYPE OR         | PRINT          |           |
|------------------------|-----------------------|------------------------|----------------|-----------|
| A. <u>IDENTIFICATI</u> | <u>ON</u> :           |                        |                |           |
|                        |                       |                        |                |           |
| Last Name              | First Name            | MI                     |                |           |
| Spouse's Name          |                       | <del></del>            |                |           |
| Number & Street N      | Name, Apartment Numbe | r, Rural Route, or P.O | D. Box Number  |           |
| City, State, Zip Co    | de                    |                        |                |           |
| Home Phone             |                       |                        | Business Phone |           |
| B. OFFICE SOUC         | GHT, HELD OR APPO     | <u>)INTED TO</u> :     |                |           |
| List Name of Offic     | ee                    |                        |                |           |
| Position               | District              | <del></del>            |                |           |
|                        | •                     | CONTINUED ON N         | TEXT PAGE      |           |
| Date received (Offi    | cial use only)        |                        |                |           |
|                        |                       |                        |                |           |
| Governmental Ethi      | ics Commission        |                        |                | Rev. 2001 |

C. <u>OWNERSHIP INTERESTS</u>: 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<br>INTERESTS HELD | HELD BY<br>WHOM |
|-----|---------------------------|------------------|----------------------------------|-----------------|
| 1.  |                           |                  |                                  |                 |
| 2.  |                           |                  | -                                |                 |
| 3.  |                           |                  |                                  |                 |
| 4.  |                           |                  | <u> </u>                         |                 |
| 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: |
|----|--|---------|--------------|
|    | •  |         |              |
| 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 \_\_\_\_.

| _ <u>, , _ </u> | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY<br>WHOM |
|-----------------|---------------------------|---------------|-----------------|
| 1.              | ;                         |               |                 |
| 2.              |                           | ,             |                 |
| 3.              |                           |               |                 |
| 4.              |                           |               |                 |
| 5.              |                           |               |                 |

| G. | RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a                         |
|----|---|
| G. | 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       |
|    | \$2,000 or more in the preceding calendar year. The principle cited of customer reduces only to excursors and           |
|    | 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. |                                       |                                       | <u>l</u>    |

| correct and complet | , declare that this statement of substantial interests (including any s and statements) has been examined by me and to the best of my knowledge and belief is a true e statement of all of my substantial interests and other matters required by law. I understand that e to file this statement as required by law or intentionally filing a false statement is a class B |
|---------------------|---|
| Date                | Signature of Person Making Statement  |

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

H.

### AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A CANDIDATE FOR CITY OFFICE

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for city office who qualifies for the exemption. IT MUST BE FILED WITH THE COUNTY ELECTION OFFICER, IN THE COUNTY IN WHICH THE CANDIDATE IS ON THE BALLOT, PRIOR TO JULY 28, 2025. If a candidate qualifies for this exemption, he or she still must appoint a treasurer or candidate committee and the treasurer must maintain the required records. (K.S.A. 25-4144) See reverse for examples.

#### PLEASE PRINT OR TYPE

| Addre                   | ess  | City  | Zip Code   |
|-------------------------|--|---|--|
|                         | e Telephone  |   |  |
| Office Sought           |  | District No   |  |
| Affida<br>State<br>Coun | avit: of Kansas ) ty of)   |   |  |
| I,                      |  | , do swear (or affirm) that:  |  |
| 1. 2. 3. 4. 5. 6. 7.    | The information in Item A above is true at I intend to expend, contract to expend, or one thousand dollars (\$1000) in the primar I intend to receive or have received on maggregate amount or value of less than on I understand that the payment of my filing limitations set forth in paragraphs 2 & 3; I intend to expend, contract to expend or one thousand dollars (\$1000) in the general intend to receive or have received on maggregate amount or value of less than of If contributions are received or expendituabove, I shall within three (3) days of the and shall file all such future reports on the | and correct; have expended, on my behalf an aging election period; and y behalf (including amounts contribute thousand dollars (\$1000) in the pring fee, or the receipt of funds to pay mand have expended on my behalf an aggreat election period; and y behalf (including amounts contribute thousand dollars (\$1000) in the general election period; and | gregate amount or value of less to<br>ted by myself) contributions of<br>mary election period; and<br>by filing fee, is not included in the<br>egate amount or value of less that<br>the dead by myself) contributions of a<br>meral election period; and<br>access of any of the amounts set of<br>Receipts and Expenditures Report |
| (Date)                  |  | , -   | re of Candidate)   |
|                         |  |   |  |
| Subscr                  | ribed and sworn to (affirmed) before me this_  | day of  | ,20  |
| Subscr                  | ribed and sworn to (affirmed) before me this_  | day of(Notary Publ  |  |

- Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractul of more than \$1,000 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. 25-4148.
- 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 in each the primary and general election period; however, the \$1,000 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. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,
PLEASE CONTACT THE
GOVERNMENTAL ETHICS COMMISSION
901 S. Kansas Avenue
Topeka, Kansas 66612
Office (785) 296-4219
Fax (785) 296-2548

#### APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

| This is an (Check   | one) Initial Appe<br>(Please Type o | - <del>-</del>   |
|---|-------------------------------------|--|
| Name  | (Z touso xypo o                     | V2 2 3 AM  |
| Mailing Address   |                                     |  |
| City  | County                              | Zip Code   |
| Telephone   | Email                               | •  |
| Office Sought   |                                     | District No.   |
|   |                                     |  |
| TREASURER   |                                     |  |
| Date Appointed  | <del> </del>                        |  |
| Name  | <u> </u>                            |  |
| Mailing Address   | ·                                   |  |
| City  |                                     | Zip Code   |
| Telephone   | Email                               |  |
| · · · · · · · · · · · · · · · · · · ·   |                                     |  |
| OR CANDIDATE COM  Date Appointed  Chairperson's Name  | MITTEE                              |  |
|   |                                     |  |
| Mailing Address   |                                     | Zip Code   |
| City  | Email                               | Zip code   |
| Telephone Treasurer's Name  |                                     |  |
|   |                                     |  |
| Mailing Address   |                                     | Zip Code   |
| City  | Email                               | Zip Couc   |
| Telephone   |                                     |  |
| SIGNATURE "I declare that this statemen orrect and complete. I under alse document is a class A n | rstand that the intention           | y me and to the best of my knowledge and belief is true onal failure to file this document or intentionally filing a |
| (Date)  |                                     | (Signature of Candidate)   |
|   | SEE REVERSE SIDE                    | E FOR INSTRUCTIONS   |
| Governmental Ethics Commission  |                                     | Rev.2021   |

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120

SW 10th, 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

Administration of Campaign Finance, Conflict of Interest & Lobbying Laws

Date

STATE OF KANBAS



901 S. Kansas Avenue Topeke, Kansas 66812 (785) 298-4219 (phone) (785) 298-2548 (fex)

#### **GOVERNMENTAL ETHICS COMMISSION**

https://ethics.kansas.gov

#### 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 materials of any sort which misrepresents, distorts, or otherwise falsifies the facts regarding any candidate, as well as the use of malicious or unfound accusations against any candidate which alm at creating or exploiting doubts, without justification, as to his or her loyalty and patriotism.

I shall refrain 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, ca<br>to, and solemnly pledge mys | I, the undersigned, candidate for election to a state or local office in Kansas, hereby endorse, subscribed and solemnly pledge myself to conduct my campaign in accordance with the above principles and |   |  |
|---|---|---|--|
| practices.  |   | , |  |
| ·   |   |   |  |
| Office Sought   | Name (Printed)  |   |  |
|   |   |   |  |

Signature

### Kansas Non-Partisan City/School Nomination Petition

| Form |
|------|
|      |
| (P   |
|      |
|      |

| Kans                     | as, and a duly registered | l voter, hereby nominate  | etion district, county of    |                                      | -, who   |  |
|--------------------------|---------------------------|---|------------------------------|--------------------------------------|----------|--|
| resid                    | resides at                |   |                              |                                      | , in the |  |
| $\square$ $\mathfrak{u}$ | nexpired term for the of  | fice of, and, and | onelficativ)                 | f(Name of city or school district nu | mber)    |  |
|                          | Signature of Signer       | Name of Signer (Print)  | Street number or rural route | Name of City                         | Date     |  |
| 1.                       | -                         |   |                              |                                      |          |  |
| 2.                       |                           |   |                              |                                      |          |  |
| 3.                       |                           |   |                              |                                      |          |  |
| 4.                       |                           |   |                              |                                      |          |  |
| 5.                       |                           |   |                              |                                      |          |  |
| 6.                       |                           |   |                              |                                      |          |  |
| 7.                       |                           |   |                              |                                      |          |  |
| 8.                       |                           |   |                              |                                      |          |  |
| 9.                       |                           |   |                              |                                      |          |  |
| 10.                      |                           |   |                              |                                      |          |  |
| 11.                      |                           |   | ,                            |                                      |          |  |
| 12.                      |                           |   |                              |                                      |          |  |

K.S.A. 25-2110

### Affidavit of petition circulator

| STATE OF KANSAS  | 3   |
|--|---|
| COUNTY OF  | <b>\rightarrow</b> ss.  |
|  |   |
| I,Print Name   |   |
| (check one):   |   |
| I am the circulator of this petition. I am que witnessed the signing of the petition by ea | nalified to circulate this petition and I personally ach person whose name appears thereon. |
| I am the candidate   |   |
|  |   |
| Signature  |   |
| Circulator's residence address   | ·<br>   |
| 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.