

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*

# Kansas Non-Partisan City/School Nomination Petition 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 in the spring of 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 (as registered)	Name of City	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					





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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

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 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 SAME AS SECTION "B", CHECK HERE \_\_\_\_.

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 of 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 page 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.				
6.				
7.				
8.				

**G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays 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 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 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 page 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.				
13.				

**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 \_\_\_\_\_.

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 66612-1594.

**AFFIDAVIT OF EXEMPTION  
FROM FILING RECEIPTS AND EXPENDITURES REPORTS  
BY A CANDIDATE FOR STATE OFFICE**

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$500 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$500 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for legislative or other state office who qualifies for the exemption. **IT MUST BE FILED WITH THE SECRETARY OF STATE (Memorial Hall, 1st Floor, 120 SW 10th Ave., TOPEKA, KANSAS 66612) PRIOR TO JULY 26, 2010.** 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

A. Name of Candidate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Office Sought \_\_\_\_\_ District No. \_\_\_\_\_

B. Affidavit:  
State of Kansas )  
County of \_\_\_\_\_ )

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

1. The information in Item A 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 five hundred dollars (\$500) in the primary election period; and
3. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than five hundred dollars (\$500) 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 limitations set forth in paragraphs 2 & 3; and
5. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than five hundred dollars (\$500) in the general election period; and
6. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than five hundred dollars (\$500) in the general election period; and
7. If contributions are received or expenditures made (actual or contractual) in excess of any of the amounts set out above, I shall within three (3) days of the date of such excess file all past due Receipts and Expenditures Reports and shall file all such future reports on the dates required by K.S.A. 25-4148. (K.S.A. 25-4174)

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

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

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

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

( Seal )

My Appointment Expires \_\_\_\_\_, 20 \_\_\_\_\_



Example 1: Candidate A intends to receive contributions of less than \$500 and make expenditures of less than \$500 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$500 during the general election period. He also intends to make expenditures (either actual or contractual) of more than \$500 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 \$500 in each the primary and general election period; however, the \$500 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**

109 W. 9th St., Room 504  
Topeka, Kansas 66612  
ofc. (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 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