

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
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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
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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
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 LOCAL OFFICE

My Appointment Expires _____, 20__.

Office of the Kansas Secretary of State
Poll Agent Appointment

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
PA

Authorized and Appointed Poll Agents

There are two types of poll agents, and the qualifications are different for each:

- **Authorized** poll agents are persons authorized by law to act as poll agents because of the position they hold;
- **Appointed** poll agents are persons appointed by authorized poll agents to act as poll agents.

Persons holding the following positions are automatically authorized by law to serve as poll agents:

- Chairpersons of state and county party committees;
- Chairpersons of committees concerned with question submitted elections;
- Candidates;
- Precinct committee persons;
- Write-in candidates who have filed affidavits of write-in candidacy.

Any person named above may use this form to designate one appointed poll agent per polling place.

Appointment

Appointments must be filed with the county election office by mail, hand delivery, fax or electronic method before the person may act as a poll agent.

Statement of Appointment

Person Making Appointment

Position

Appointee's Name (Poll Agent)

By the authority vested in me, I have appointed the bearer of this certificate to be a poll agent for the

Type of Election

County of Jurisdiction

On Election Date ____ / ____ / ____

SIGN IN THIS BOX

Date ____ / ____ / ____
Month Day Year

! See page 2 for Poll Agent Rules

Poll Agent Rules

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

MUST

- Carry the appointment form and produce it upon request by an election officer.
- Act in accordance with policies adopted by the county election officer and the supervising judge at the polling place.
- Comply with state laws and regulations and local rules applicable to poll agents
- Wear a badge identifying them as an observer.
- If acting as an appointed poll agent, be a registered Kansas voter or a member of a candidate's family.

MAY

- Observe the voting process at the polling place where appointed.
- Observe the canvass.
- Request to be shown a ballot at the original canvass on election day.
- If acting as an appointed poll agent, be as young as 14 years of age.

MAY NOT

- Approach within three feet of a voting booth or a table used by an election board.
- Touch or handle a ballot.
- Participate in the administration of ballots or ballot counting.
- Hinder or obstruct any voter when entering or exiting a polling place or while voting.
- Hinder or obstruct an election board in the performance of its duties.

Form CP Kansas Non-Partisan City/School Nomination Petition

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
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

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.