

FILING CHECKLIST SCHOOL BOARD MEMBER

- Candidate's Declaration of Intention**
File with Marion County Clerk/County Election Officer. [K.S.A. 25-205]
- Local Filing Fee or Petition, CHOOSE ONE:**
- _____Petition [Signatures Required: (see chart below)]
- \$20.00 Fee
(Make check payable to: Marion County Clerk/County Election Officer)
- Appointment of Treasurer or Candidate Committee**
File with Marion County Clerk/County Election Officer. [K.S.A. 25-205]
- Statement of Substantial Interests**
File with Marion County Clerk/County Election Officer no later than ten (10) days after filing deadline. [K.S.A. 75-4302a(b)]
- Affidavit of Exemption From Filing Receipts And Expenditures (less than \$1000) - This form will come from Ethics Commission**
File with Marion County Clerk/County Election Officer not later than ninth day preceding primary election. [K.S.A. 25-904(a)]

OR

Itemized Statement of Campaign Receipts & Expenditures (exceeding \$1000 limit) – This form will come from Ethics Commission
File with Marion County Clerk/County Election Officer within thirty (30) days after election. [K.S.A. 25-904(b)]

City	Number of Signatures Needed
USD 397 position 1	11
USD 397 position 2	15
USD 397 position 3	13
USD 397 position 7	50
USD 398 position 1, 2, 3, 7	50
USD 408 position 1, 2, 3, 7	50
USD 410 position 1, 2, 3, 7	50
USD 411 position 1	28
USD 411 position 2	36
USD 411 position 3	38
USD 411 position 7	50

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1 Ballot Information

Name (as it will appear on the ballot, including punctuation)

City of Residence (as it will appear on the ballot)

Office Sought

District No.

Party Nomination Sought: Democratic Republican

Term: Regular Unexpired

2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

3 Contact Information ! All information is public record

Select one: Mr. Ms. Mrs. Dr.

Residential Address

City

County

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) _____ - _____ - _____

Cell Phone (optional) _____ - _____ - _____

Email (optional)

Website (optional)

4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date ____ / ____ / ____
Month Day Year

ATTESTATION (for office use only)

Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

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

**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

**DEFINITIONS AND INSTRUCTIONS FOR
STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE**

DEFINITIONS

"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 K.S.A. 75-4301a(i), 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.

Additional information or assistance may be obtained by contacting the Kansas Commission on Governmental Standards and Conduct, 109 W. 9th, Suite 504, Topeka, Kansas 66612. Phone (785) 296-4219 or go to www.kansas.gov/ethics/contact.html.

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 ____.

Office of the Kansas Secretary of State

Candidate Petition Circulation Guidelines

Petition Forms

1. Obtain nomination petition forms in either the Elections Division of the Secretary of State's Office or in the county election office.
2. The top section of the petition, stating the candidate's name (as it is to appear on the ballot), address, office sought, etc., must be completed before the petition can be circulated and signed. [KSA 25-205(b)]

Circulators

3. The candidate and other petition circulators may circulate the petition throughout the district. Circulators must possess the constitutional qualifications of electors (18 years of age, U.S. citizenship, state residency). [Chap. 128 of 2001 Kansas Session Laws, KSA 25-303(e)]
4. The circulator of each page of the petition must witness every signature placed on the page and must include a signed, notarized affidavit of that fact with the petition. One affidavit may apply to all pages submitted by a particular circulator. [KSA 25-3602(b)(4), -205(d), -303(e)]

Petition Signers

5. Only persons of the same party affiliation who are registered voters may sign a petition for a candidate nominated by a party. [KSA 25-205(b)]
Independent nomination petitions may be signed by any registered voter. [KSA 25-303(c), (d)]
No one may sign more than one petition for any office. [KSA 25-205(c), -303(g)]
6. Petition signers must include their printed name, signature, address, city, zip code and date signed. [KSA 25-205(c), -303(e)] Signers must reside in the district. All signers of a particular page of a petition must reside in the same county. [KSA 25-205(d), -303(e)]

Filing Petitions

7. The petition filing deadline for candidates representing political parties is noon on June 10, or if that date falls on a weekend or holiday, at noon on the next business day. [KSA 25-205(a)(1)]
The filing deadline for independent candidates is noon the day before the state primary election on the first Tuesday in August. [KSA 25-305(b)]
8. If more than one circulator is carrying the petitions for the same candidate, all must be submitted as a group to the appropriate filing office at one time. [KSA 25-3602(a)] The petition must be filed within 180 days after the date the first signature was collected. [KSA 25-3602(d)]

Kansas Non-Partisan City/School Nomination Petition

I, the undersigned, an elector of the appropriate election district, county of _____, and state of _____, 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.

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

This form is to be used by candidates for Second and Third Class City, Unified School District, Community College and Township offices only. If you anticipate receiving or expending \$1,000 in the primary or general election (exclusive of the candidate filing fee) this form may NOT be used.

This form must be completed in its entirety and filed with the Marion County Election Officer by _____ (at least nine days before the Primary Election.) Candidates eligible for this exemption need not appoint a treasurer, but must maintain records required by K.S.A. 25-904.

CANDIDATE INFORMATION:

Please print or type:

Name of Candidate _____

Address _____ City _____ Zip Code _____

Home Telephone _____ Business Telephone _____

Office Sought _____ District No. _____

State of Kansas }
County of Marion }

I, _____, do swear (or affirm) that:

1. The candidate 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 one thousand dollars (\$1,000) in the primary election and/or general election periods; 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 one thousand dollars (\$1,000) in the primary and/or general election periods; and
4. I understand that the payment of my filing fee or the receipt of funds to pay my filing fee are not included in the limitations set forth in paragraphs 2 & 3; and
5. If contributions are received or expenditures made (actual or contractual) in excess of any 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. 25-905.

Date

Signature of Candidate

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20____.

(Seal)

Notary Public

My appointment expires _____