

Candidate's Declaration of Intention



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

SIGN IN THIS BOX

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)

(Large empty box for attestation)

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 ____.

Kansas Primary Nomination Petition



Nominee Information

Name

Residential Address

City

Office Sought

District No. (if applicable)

Nomination

I, the undersigned, an elector of the appropriate election district, county of _____ and state of Kansas, and a duly registered voter, and a member of the _____ Party, hereby nominate the candidate herein named to be voted for at the primary election to be held on the first Tuesday in August in the year _____, as representing the principles of such party; and I further declare that I intend to support the candidate and that I have not signed and will not sign any nomination petition for any other person, for such office at such primary election.

	Print Name	Signature	Street Number or Rural Route (as registered)	City	Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____

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.