

KANSAS SECRETARY OF STATE
**City/School Candidate's
Declaration of Intention**

1. Name

List exactly as it will appear
on ballot, including all
punctuation.

2. City**3a. Office sought****3b. District
Number****4. Term**

☐ Regular ☐ Unexpired

5. Preferred title

Used for mailing purposes.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

6. Residential address

Provide a street or rural route.
Do not leave blank.

Address

City

County

Zip

7. Mailing address

Complete if mailing address is
different from above.

Address

City

State

Zip

8. Telephone number

Home

Work

Cell

9. Email address**10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.**

Signature of Candidate

X

**Today's
Date:**

Mo.

Day

Yr.

County Election Officer or City Clerk

X

Deputy Election Officer

X

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

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 ____.

[Reset Page](#)

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		
Mailing Address		
City	County	Zip Code
Telephone	Email	
Office Sought	District No.	

TREASURER

Date Appointed		
Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

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

[Print Page](#)

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

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR COUNTY 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 27, 2026.** 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 one thousand dollars (\$1000) 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 one thousand dollars (\$1000) 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 one thousand dollars (\$1000) 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 one thousand dollars (\$1000) 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 _____

Kansas Non-Partisan City/School Nomination Petition

Form
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 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.