

**Filing Requirements Township Offices
Township Trustee or Treasurer**

Term: 4 Years

Filing Deadline: June 1, 2012 at 12:00 noon

Independent (Undeclared) August 6, 2012 Monday, 12:00 noon

Must File: In the Pottawatomie County Clerk's Office

Filing Location:

- At the Pottawatomie County Clerk's Office, 207 N First Street Westmoreland.

Filing Procedure:

Filing by Fee:

- Township office filing fee is \$1.00 to be paid to Pottawatomie County Clerk's Office

Filing by Petition:

- Democratic and Republican primary candidates must have signatures of 3% of the party's total registration from the township. KSA 25-205(e)(4)
- Independent candidates must have signatures (10 voters or 5% of the township's total voter registration). KSA 25-303(d)

Candidates are required to file the following documents when filing by FEE;

- **Declaration of Intention**
- **Statement of Substantial Interest**

Completed form is due no later than ten days after the filing deadline.

- **Affidavit of Exemption from Filing Receipts and Expenditures Report**

Completed form is due nine days prior to the Primary Election

If a candidate anticipates receiving and spending less than \$500.00 in the Primary Election and anticipates receiving and spending less than an additional \$500.00 in the General Election, he/she can file an Affidavit of Exemption. This affidavit waives the need for a candidate's treasurer to file campaign Receipts and Expenditures Reports.

If you exceed the \$500.00 limit you must then appoint a treasurer and file campaign Receipts and Expenditure Reports. Candidates for local offices file their Receipts and Expenditure Reports with the Pottawatomie County Clerk pursuant to KSA 25-4148 and 25-901.

OR

Township Officers Candidates are required to file the following documents when filing by PETITION:

- **Kansas Primary Nomination Petition Form PP and Affidavit of petition circulator** (from each named circulator)

Party Candidates must have 3% of Party, Independent Candidates must have (5% of all voters or at least 10 voters).

These figures are bases on Certification to Secretary of State August 1, 2011.

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Forms:

1. Declaration of Intention (used when Filing by fee only)

OR

2. Kansas Primary Nomination Petition Form

Must File

3. Statement of Substantial Interest. (Must be Filled out by all Candidates)
4. Affidavit of Exemption. Waives the need to file Campaign Reports

Candidate's Declaration of Intention

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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)

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 ____.

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

Office of the Kansas Secretary of State
Kansas Primary Nomination Petition
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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	_____	_____	_____	_____	_____

Office of the Kansas Secretary of State
Affidavit of Petition Circulator
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Circulator Information

Last Name _____ First Name _____ Middle Name _____

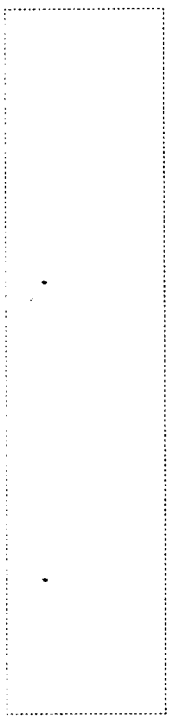
Residential Address _____ City _____ State _____ Zip _____

Select one:

- I am a resident of the state of Kansas who has the qualifications of an elector of the state of Kansas.
- I am the candidate.

Signature

I, being duly sworn, personally witnessed the signing of this petition by each person whose name appears herein.



Subscribed and sworn to before me this ____ of ____ of ____ at ____
Day Month Year

Person Authorized to Administer Oaths _____

My appointment expires in ____ / ____ / ____
Month Day Year

