

# Filing Requirements for City Offices

Term: 2-4 Years except by local city ordinance)

Filing Deadline: June 1, 2021 (noon)

**Filing Location:**

- Pottawatomie County Clerk's Office

**Filing Procedure:**

**Filing by Fee:**

- City office filing fee is \$20.00 to be paid to Pottawatomie County Clerk's Office

**Filing by Petition:**

- As set by city ordinance

**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 \$1,000.00 in the Primary Election and anticipates receiving and spending less than an additional \$1,000.00 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 \$1,000.00 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

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

- **Kansas Non-Partisan City/School Nomination Petition Form CP and Affidavit of petition circulator** (from each named circulator)
- **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**

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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



## 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 1 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

Signature box with text: 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 or notary signature.

**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)*

Governmental Ethics Commission	Rev. 2001
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**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 \_\_\_\_.