

PACKET INFORMATION

KANSAS NON-PARTISAN CITY/SCHOOL NOMINATION PETITION

- See Candidate Petition Circulation Guidelines.
- Candidates may make additional copies as needed or pick-up additional copies from the County Clerk's Office.

CANDIDATE'S DECLARATION OF INTENTION

- Must be filed with the County Clerk's Office by 12:00 p.m. on the Filing Deadline Date.
- Candidate's must pay the filing fee or have completed petition.

| | FILING FEE | OR PETITION REQUIREMENTS | GOVERNMENTAL ETHICS FEE | TOTAL |
|------------------------|------------|--------------------------|-------------------------|---------|
| LIBERAL | \$20.00 | 50 signatures | \$50.00 | \$70.00 |
| KISMET | \$20.00 | 25 signatures | N/A | \$20.00 |
| USD 480 | \$20.00 | 50 signatures | N/A | \$20.00 |
| USD 483 | \$20.00 | 50 signatures | N/A | \$20.00 |
| SCCC BOARD OF TRUSTEES | \$20.00 | 50 signatures | N/A | \$20.00 |

APPOINTMENT OF TREASURER FORMS

- Candidates have ten (10) days after filing to appoint a treasurer.
- Candidates for USD 480, USD 483, SCCC Board of Trustees, and Kismet City are not required to appoint a treasurer.
- CANDIDATES MAY NOT TAKE IN OR SPEND ANY CAMPAIGN FUNDS UNTIL THE APPOINTMENT OF TREASURER FORM IS FILED.

AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A CANDIDATE

- If a candidate anticipates receiving and spending less than \$1,000 in the primary period and anticipates receiving and spending less than an additional \$1,000 in the general election, he/she can file an affidavit. This affidavit waives the need for a candidate's treasurer to file campaign receipts and expenditures reports.
- If at any time during the primary or general election a Candidate anticipates receiving and spending more than \$1,000 and has filed an affidavit of exemption from filing receipts and expenditures reports, contact the County Clerk's Office or Kansas Department of Governmental Ethics to receive receipts and expenditures reports.

STATEMENT OF SUBSTANTIAL INTERESTS

- Must be filed by all Candidates' with the County Clerk by no later than 10 days after the filing deadline.

LIBERAL CITY CANDIDATES MUST STILL APPOINT A TREASURER AND FILE AN APPOINTMENT OF TREASURER FORM EVEN IF AN AFFIDAVIT OF EXEMPTION IS FILED.

USD 480, USD 483, SCCC BOARD OF TRUSTEES, AND KISMET CITY CANDIDATES MUST FILE AN ITEMIZED STATEMENT OF CAMPAIGN RECEIPTS AND EXPENDITURES WITH THE COUNTY CLERK'S OFFICE 30 DAYS AFTER EACH PRIMARY AND GENERAL ELECTION IF AN AFFIDAVIT OF EXEMPTION IS NOT FILED

If you have any questions, please feel free to contact Stacia Long, Seward County Clerk/Election Official
Office: 620-626-3355 E-mail: slong@sewardcountyks.org

CANDIDATE PETITION CIRCULATION GUIDE

This guide applies to partisan candidates filing to run in a primary election, independent candidates filing to run in a general election and candidates filing for nonpartisan offices. Independent candidates must be unaffiliated with any political party.

FORMS

Individuals may obtain nomination petition forms from their local election office, the office of Secretary of State or online at sos.ks.gov. The partisan candidate petition form is FORM PP, the independent petition form is FORM IP and the nonpartisan petition for local office is FORM CP. Separate forms exist for president, governor and district attorney.

CIRCULATORS

Candidates and petition circulators may carry a petition through the election district if they meet the constitutional qualification to be an elector. However, they are not required by law to be registered voters in the election district. Each circulator must: 1.) witness every signature on every page; 2.) collect signatures from a single county on each page; 3.) sign, and have notarized, an affidavit that is attached to or printed on the back of the petition form.

Candidates and circulators of petitions may not sign the front of a petition form they are circulating because they may not witness their own signature. One affidavit may apply to all pages submitted by one circulator if their pages are all together in one document and the affidavit is attached. An incorrect affidavit will invalidate all pages to which it applies.

SIGNERS

Signers must be registered voters and residents of the election district. For partisan candidate petitions, signers must also be affiliated with the same political party as the candidate. Any registered voter may sign an independent candidate petition, regardless of their party affiliation. All signers of a particular page of a petition must reside in the county. Petition signers must include their printed name, signature, address, city, zip code and date of signature. Individuals may not sign the same petition more than once. Individuals are prohibited, by law, to sign a petition for another person for the same office.

INSTRUCTIONS

Candidates must complete the top section of the petition with the candidate's name, office sought, address and other required information. Candidates may make photocopies of the form, as needed. Candidates and petition circulators should follow the rules for petition circulators and observe filing deadlines.

SIGNATURE REQUIREMENTS

The number of signatures required on a candidate nomination petition is a percentage of registered voters, a percentage of voters affiliated with the political party or a percentage of votes cast for the office of Secretary of State. To get the exact signature requirement specifications, candidate and/or circulators should contact their local election office or the Office of Secretary of State.

Not all signatures on a petition will be found valid. It is recommended candidates collect more than the number required.

FILING

The petition filing deadline for partisan candidates is June 1 at noon, in the year of the election. If that date falls on a weekend or holiday, the deadline falls to noon the next business day. For independent candidates, the filing deadline is noon on the day before the state primary election (first Tuesday in August). The deadline for petitions for local office is on June 1 at noon in the year of the election. If that date falls on a weekend or holiday, the deadline falls to noon on the following business day.

Petitions must be filed within 180 days after the first signature was collected. If more than one circulator carries petitions for a candidate, all must be submitted as a group, at the same time, to the appropriate filing office. If a petition fails to meet the filing requirements, later filings are not permitted and the circulation must start from the beginning.

Petitions for national and state office are filed in the Office of Secretary of State. Petitions for county, city, school board and other local office should be filed with the local election office.

QUESTIONS

Contact the Office of Secretary of State at **1-800-262-8683**, visit sos.ks.gov or your local election office for more information on candidate qualifications, filing locations and deadlines.

Kansas Non-Partisan City/School Nomination Petition



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 RD) (City) (Name of 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.

City/School Form

Candidate's Declaration of Intention CS

BALLOT INFORMATION:

1. Name - exactly as it will appear on the ballot (include ALL punctuation):

2. City:

3a. Office sought _____

3b. District no. _____

4. Term: Regular _____ Unexpired _____

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed _____

7. Residential address (street or rural route) _____

8. City _____ 9. County _____ 10. Zip code _____

11. Mailing address (if different) _____

12. Telephone number: Home _____ Work _____

CANDIDATE STATEMENT & SIGNATURE:

I declare that I intend to become a candidate for the above-stated office at the appropriate election.

Signature of Candidate

ATTESTATION:

*County Election Officer
or City Clerk*

Deputy Election Officer

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

| | | |
|----------------|--------------------|----------|
| 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

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

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR CITY 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 26, 2021.** 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 _____

- Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractual of more than \$1,000 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-4148.
- Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.
- Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000 in each the primary and general election period; however, the \$1,000 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,
PLEASE CONTACT THE
GOVERNMENTAL ETHICS COMMISSION
901 S. Kansas Avenue
Topeka, Kansas 66612
Office (785) 296-4219
Fax (785) 296-2548

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 _____.

