



## **Linn County Election Office**

**David Lamb, County Clerk/Election Officer**

**315 Main Street / P.O. Box 350**

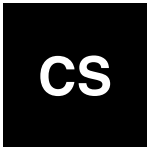
**Mound City, KS 66056**

**Phone: (913) 795-2668**

**Fax: (913) 795-2419**

## **2019 Extension District Election**

- The **General Election** will be held on **November 5, 2019**.
- Extension District Candidates must file by payment of a \$20 filing fee.
- Candidates must complete a **Declaration of Intention (KSA 25-205 & 25-21a01)**, a **Statement of Substantial Interest for Local Office (KSA 75-4032a)**, and an **Affidavit of Exemption (KSA 25-904a)**, if the candidate anticipates receiving and/or spending less than \$1,000 in the Primary and \$1,000 in the General. If the candidate anticipates receiving and/or spending \$1,000 or more in either election, the candidate must file and itemized statement of all receipts and expenditures.
- Candidates must be a qualified elector as of election day.
- The **filing deadline is September 3, 2019 at Noon (KSA 25-21a03)**. No candidate is permitted to withdraw from candidacy after the filing deadline (**KSA 25-2106**). Candidates must file with the County Clerk's office.



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

**1. Name**

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

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**2. City**

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**3a. Office sought**

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**3b. District Number**

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**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
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**9. Email address**

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**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

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**

K.S.A. 25-904(a)

- File this report with the Linn County Election Office. This form may be mailed, emailed or faxed.
- Applicable to candidates for election in third class cities, school districts, community college, townships, and extension districts.
- Candidates who anticipate receiving or spending less than \$1,000 in each of the Primary and General elections, exclusive of any filing fees, may use this form to exempt themselves from filing reports of expenditures.
- For exemption, a candidate must complete this Affidavit of Exemption and file it with the Linn County Election Office **nine (9) days before the primary election**. Even if the candidate anticipates not being in a Primary election, this form is due by the deadline to be valid.
- Once the form is filed it will exempt the candidate from filing the required Candidate's Itemized Statement of Personal Election Contributions and Expenditures, which is due thirty (30) days after each election for which the candidate would otherwise be required to file.

**Name** \_\_\_\_\_

(Please print)

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business** \_\_\_\_\_

**Election Date** \_\_\_\_\_ **Candidate for** \_\_\_\_\_

**Ward** \_\_\_\_\_ **District:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Affidavit: State of Kansas, County of Linn**

I, \_\_\_\_\_, **do swear (or affirm) that:**

1. The information listed 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 (\$1,000) 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 (\$1,000) in the **PRIMARY ELECTION** period, and
4. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one thousand dollars (\$1,000) in the **GENERAL ELECTION** period; and
5. 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 (\$1,000) in the **GENERAL ELECTION** period; and
6. If contributions are received or expenditures made (actual or contractual) in excess of any of the amounts set out above, I shall within thirty days after the date of the election file the Candidate's Itemized Statement of Personal Election Contributions and Expenditures report required by K.S.A. 25-904(b).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My appointment expires \_\_\_\_\_.