



Linn County Election Office

David Lamb, County Clerk/Election Officer

315 Main Street / P.O. Box 350

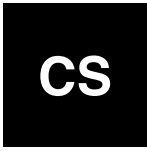
Mound City, KS 66056

Phone: (913) 795-2668

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2019 City / School Election

- **Primary Election, if required** for your voting district, will be held on **August 6, 2019**. A primary is required when there are more than three candidates for a vacant seat. If members are elected at large, a primary is required when there are more than three times as many candidates as there are vacant seats on the governing body. **(KSA 25-2108a)**
- The **General Election** will be held on **November 5, 2019**.
- School Board Candidates may file by Nomination Petition **or** by payment of a \$20 filing fee.
- City Candidates may file by Nomination Petition **or** by payment of a \$20 filing fee.
(KSA 25-205 & KSA 25-21a01)
- 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 June 3, 2019 at Noon (KSA 25-205 & 25-21a03)**. No candidate is permitted to withdraw from candidacy after the filing deadline. 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.

--

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

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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			

2019 City / School Elections

City Council / Mayor Petition Requirements

Voting District	2017 Voters (based on abstract)	10% of 2015 Voters	Statutory Threshold	Which is less, 10% or Threshold?	Required Petition Signatures	Plus 25% margin	Suggested Petition Signatures
Blue Mound City	56	6	25	10%	6	2	8
La Cygne City	99	10	25	10%	10	3	13
Linn Valley City	242	25	25	Threshold	25	7	32
Mound City City	100	10	25	10%	10	3	13
Parker City	29	3	25	10%	3	1	4
Pleasanton City	114	12	25	10%	12	3	15
Prescott City	35	4	25	10%	4	1	5

School Board Member Petition Requirements

Voting District	Voters in District	10% of Voters	Statutory Threshold	Which is less, 10% or Threshold?	Required Petition Signatures	Plus 25% margin	Suggested Petition Signatures
USD 344 At Large	1376	138	50	Threshold	50	13	63
USD 346 At Large	2290	229	50	Threshold	50	13	63
USD 346 - 1	371	38	50	10%	38	10	48
USD 346 - 2	358	36	50	10%	36	9	45
USD 346 - 3	204	21	50	10%	21	6	27
USD 362 At Large	3327	333	50	Threshold	50	13	63
USD 362 - 1	534	54	50	Threshold	50	13	63
USD 362 - 2	197	20	50	10%	20	5	25
USD 362 - 3	532	54	50	Threshold	50	13	63

KSA 25-2110a

City Candidates: Must file a petition with 25 signers or 10% of the voters in the last city general election, whichever is less.

School Board Candidates - At Large: Must file a petition with 50 signers from the school district.

School Board Candidates - Member District: Must file a petition with 50 signers or 10% of the registered voters in the member district, whichever is less.

All petition signers must be registered voters in the district or member-district for which the candidate is seeking office.

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 RR) (City) (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.

Office of the Kansas Secretary of State

Candidate Petition Circulation Guidelines

Petition Forms

1. Obtain nomination petition forms in either the Elections Division of the Secretary of State's Office or in the county election office.
2. The top section of the petition, stating the candidate's name (as it is to appear on the ballot), address, office sought, etc., must be completed before the petition can be circulated and signed. [KSA 25-205(b)]

Circulators

3. The candidate and other petition circulators may circulate the petition throughout the district. Circulators must possess the constitutional qualifications of electors (18 years of age, U.S. citizenship, state residency). [Chap. 128 of 2001 Kansas Session Laws, KSA 25-303(e)]
4. The circulator of each page of the petition must witness every signature placed on the page and must include a signed, notarized affidavit of that fact with the petition. One affidavit may apply to all pages submitted by a particular circulator. [KSA 25-3602(b)(4), -205(d), -303(e)]

Petition Signers

5. Only persons of the same party affiliation who are registered voters may sign a petition for a candidate nominated by a party. [KSA 25-205(b)]
Independent nomination petitions may be signed by any registered voter. [KSA 25-303(c), (d)]
No one may sign more than one petition for any office. [KSA 25-205(c), -303(g)]
6. Petition signers must include their printed name, signature, address, city, zip code and date signed. [KSA 25-205(c), -303(e)] Signers must reside in the district. All signers of a particular page of a petition must reside in the same county. [KSA 25-205(d), -303(e)]

Filing Petitions

7. The petition filing deadline for candidates representing political parties is noon on June 1 , or if that date falls on a weekend or holiday, at noon on the next business day. [KSA 25-205(a)(1)]
The filing deadline for independent candidates is noon the day before the state primary election on the first Tuesday in August. [KSA 25-305(b)]
8. If more than one circulator is carrying the petitions for the same candidate, all must be submitted as a group to the appropriate filing office at one time. [KSA 25-3602(a)] The petition must be filed within 180 days after the date the first signature was collected. [KSA 25-3602(d)]

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 _____.