

DECLARATION of INTENTION
CANDIDATE for McPHERSON CITY OFFICE

**It is the CANDIDATE'S RESPONSIBILITY
to make sure their voter registration is correct and current.**

BALLOT INFORMATION

NAME - exactly as it will appear on the ballot

(include ALL punctuation) > _____

CITY (if applicable) > _____

Candidate's Residential Address _____

McPHERSON COUNTY

Mailing Address - if different _____

Home Phone _____

Work Phone _____

Zip _____

Email Address _____

Zip _____

OFFICE SOUGHT

City of McPherson

_____ Mayor

_____ Commissioner of Public Facilities

_____ Commissioner of Public Works

---- Filing Fees ----

2nd Class City - \$20.00

McPherson City

**McPherson City Candidates
file at the
COUNTY CLERK'S OFFICE.**

COMMENTS

_____ Filing by Fee - \$20.00

_____ Regular

_____ Filing by Petition

_____ Unexpired

CANDIDATE STATEMENT & SIGNATURE

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

_____ Filing Date

X

_____ SIGNATURE of CANDIDATE

----- for office use only -----

ATTESTATION

----- for office use only -----

Deputy County Clerk

< or >

COUNTY CLERK

STATEMENT of SUBSTANTIAL INTEREST

(See Explanations on Reverse)

OFFICER or DIRECTOR of a BUSINESS: If you have nothing to report in this section, check this box.

Business Name and Address	Position Held

OWNERSHIP INTERESTS: If you have nothing to report in this section, check this box.

Business Name & Address	Type of Business	Description of Interest	Held by Whom
Name			_____ You
Address			_____ Spouse
Name			_____ Jointly
Address			
Name			_____ You
Address			_____ Spouse
Name			_____ Jointly
Address			

RECEIPT or EXPECTATION of COMPENSATION: If you have nothing to report in this section, check this box.

Business or Combination of Businesses & Address	Type of Business	Received by Whom
Name		_____ You
Address		_____ Spouse
Name		_____ Jointly
Address		
Name		_____ You
Address		_____ Spouse
Name		_____ Jointly
Address		

RECEIPT of FEES and COMMISSIONS: If you have nothing to report in this section, check this box.

Name of Client or Customer	Address

Date

Signature of Candidate or Appointed Officer

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

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

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