

DECLARATION of INTENTION
CANDIDATE for SCHOOL BOARD

It is the CANDIDATE'S RESPONSIBILITY
to make sure their voter registration information is correct and current
at the time of filing as a School Board Candidate.

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 _____

Zip _____

Work Phone _____

Zip _____

Email _____

OFFICE SOUGHT

SCHOOL BOARD CANDIDATES

**file ONLY at the
County Clerk's Office**

SCHOOL BOARD MEMBER

U.S.D. > 400 or 419
(Circle School District)

Circle which Position > 1 2 3
4 5 6 7 (at large)

U.S.D. > 418 - 423 - 448
(Circle School District)

All Positions are At Large

COMMENTS

_____ Filing by Fee - \$ 20.00

_____ Regular Term

_____ Filing by Petition

_____ Unexpired Term

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			<input type="checkbox"/> You
Address			<input type="checkbox"/> Spouse
Name			<input type="checkbox"/> Jointly
Address			<input type="checkbox"/> You
Name			<input type="checkbox"/> Spouse
Address			<input type="checkbox"/> Jointly
Name			<input type="checkbox"/> You
Address			<input type="checkbox"/> Spouse
Name			<input type="checkbox"/> Jointly
Address			<input type="checkbox"/> You
Name			<input type="checkbox"/> Spouse
Address			<input type="checkbox"/> Jointly

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		<input type="checkbox"/> You
Address		<input type="checkbox"/> Spouse
Name		<input type="checkbox"/> Jointly
Address		<input type="checkbox"/> You
Name		<input type="checkbox"/> Spouse
Address		<input type="checkbox"/> Jointly
Name		<input type="checkbox"/> You
Address		<input type="checkbox"/> Spouse
Name		<input type="checkbox"/> Jointly
Address		<input type="checkbox"/> You
Name		<input type="checkbox"/> Spouse
Address		<input type="checkbox"/> Jointly

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

(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