



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

RECEIVED IN THE SEDGWICK COUNTY ELECTION OFFICE

2025 MAY 13 AM 10:42

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

JR BRANT

**2. City**

VALLEY CENTER

**3a. Office sought**

BOE

**3b. District Number**

262

**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

300 VALLEY PARK DR

City

VALLEY CENTER

County

SEDGWICK

Zip

67147

**7. Mailing address**  
 Complete if mailing address is different from above.

Address

City

State

Zip

**8. Telephone number**

Home

316 516 3790

Work

316 285 6795

Cell

**9. Email address**

JR.BRANT@USD262.NET

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

Signature of Candidate

X

County Election Officer or City Clerk

X

Today's Date

Mo.

Day

Yr.

13

2025

Deputy Election Officer



Please review to ensure completion.

**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 JR BRYANT			
Mailing Address 300 VALLEY PARK DR			
City VALLEY CENTER	County SEDGWICK	Zip Code 67147	
Telephone 3165163790	Email JR.BRYANT@USD262.NET		
Office Sought BOE	District No.		

**TREASURER**

Date Appointed 5-13-25			
Name JR BRYANT			
Mailing Address 300 VALLEY PARK DR			
City VALLEY CENTER	Zip Code 67147		
Telephone 316516-3790	Email JR. BRYANT@USD262.NET		

**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

**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.”

5-13-25  
(Date)

  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**

**Affidavit of Exemption  
From Filing Receipts and Expenditures Reports  
By a Candidate for Local 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 office in cities of the 2<sup>nd</sup> or 3<sup>rd</sup> class, school board in districts with less than 35,000 students, or a township, who qualifies for the exemption. It must be filed with the county election officer prior to the ninth day before the Primary Election.

*Please Print or Type*

Name of Candidate JR BRANT

Address 300 VALLEY PARK DR City VALLEY CENTER Zip Code 67147

Home Telephone 316 514 3790 Business Telephone \_\_\_\_\_

Office Sought BOE District No. 262

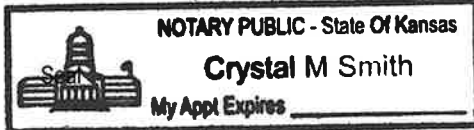
I, JR BRANT, do swear (or affirm) that:

1. The information 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 \$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 \$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 and 3; and
5. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than \$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 \$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. 25-904.

5-13-25  
Date

[Signature]  
Signature of Candidate

Subscribed and sworn to (affirmed) before me this 13 day of May, 2025



My Appointment Expires: 4/21/29

[Signature]  
Notary Public

**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:**

BRYANT		
Last Name	First Name	MI
SARAH	BRYANT	
Spouse's Name		
300 VALLEY PARK DR		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
VALLEY CENTER KS 67147		
City, State, Zip Code		
316 5163790		
Home Phone		Business Phone

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

USD 262	
List Name of Office	
BOARD MEMBER	
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 .

<u>BUSINESS NAME AND ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>DESCRIPTION OF INTERESTS HELD</u>	<u>HELD BY WHOM</u>
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 .

<u>NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED</u>	<u>ADDRESS</u>	<u>RECEIVED BY:</u>
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. INTEGRIS IT	410 N ST FRANKIS 67202	IT
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. A+M MANAGEMENT	10333 E 21ST 67206	FOOD SERVICE
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, JK BRANT, 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 intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

5-13-25  
Date

  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_.