



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

Harvey County Clerk

MAY 19 2025

RECEIVED

1. Name

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

James VanSchaick

2. City

HALSTEAD

3a. Office sought

Council Member

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

3800 S Halstead Rd

City

HALSTEAD

County

Harvey

Zip

67058

7. Mailing address

Complete if mailing address is different from above.

Address

City

State

Zip

8. Telephone number

Home

Work

Cell

620 340 3048

9. Email address

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

Signature of Candidate

X

James W VanSchaick

Today's Date:

Mo.

Day

Yr.

05

20

2025

County Election Officer

X

Russ Rupp

Deputy Election Officer

X

Paid
 KL
 5/20/25



GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF FAIR CAMPAIGN PRACTICES

I shall conduct my campaign in the best tradition, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponent and his or her party which merit such criticism.

I shall conduct my campaign without the use of vilification, character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.

I shall conduct my campaign forswearing any dishonest or unethical practice which tends to discredit the legislative process or the Legislature as an institution.

I shall conduct my campaign without the use of campaign material of any sort which misrepresents, distorts, or otherwise falsifies the facts regarding any candidate, as well as the use of malicious or unfounded accusations against any candidate which aim at creating or exploiting doubts, without justification, as to his or her loyalty and patriotism.

I shall refrain from the unfair practice of publicizing campaign material detrimental to my opponent too near election day to permit my opponent's rebuttal.

I shall conduct my campaign without any appeals to prejudice based on race, sex, creed, or national origin.

I shall immediately and publicly repudiate support deriving from any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics which I condemn.

I, the undersigned, candidate for election to a state or local office in Kansas, hereby endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Council Member
Office Sought

James W VanSchaick
Name (Please Print)

5-20-2025
Date

James W VanSchaick
Signature

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:

Van Schaick James W

Last Name First Name MI

Awita VanSchaick

Spouse's Name

3800 S Halstead Rd

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

HALSTEAD Kansas 67056

City, State, Zip Code

620 340 3048

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Halstead

List Name of Office

Council 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 .

	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.	Health Ministries Clinic	720 Medical Center Dr Newton	Medical
2.	KFRFI Fire Instructor	1515 St. Andrews Dr Lawrence	Fire Training

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, James W. VanSchaick, 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.

5-20-2025
Date

James W. VanSchaick
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

**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 <u>JAMES W. VANSCHAICK</u>			
Mailing Address <u>3800 S Halstead Rd</u>			
City <u>Halstead</u>	County <u>Harvey</u>	Zip Code <u>67056</u>	
Telephone <u>620 340 3048</u>	Email <u>jvanschaick261@gmail.com</u>		
Office Sought <u>Council Member</u>	District No.		

TREASURER

Date Appointed <u>5-20-2025</u>			
Name <u>JAMES W. VANSCHAICK</u>			
Mailing Address <u>3800 S Halstead Rd</u>			
City <u>HALSTEAD</u>	Zip Code		
Telephone <u>620 340 3048</u>	Email <u>jvanschaick261@gmail.com</u>		

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."

5-20-2025
(Date)

James W. Van Schaick
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, Kansas 66612
Ofc 785-296-4219
Fax 785-296-2548

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR CITY 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 city office who qualifies for the exemption. **IT MUST BE FILED WITH THE COUNTY ELECTION OFFICER, IN THE COUNTY IN WHICH THE CANDIDATE IS ON THE BALLOT, PRIOR TO JULY 28, 2025.** If a candidate qualifies for this exemption, he or she still must appoint a treasurer or candidate committee and the treasurer must maintain the required records. (K.S.A. 25-4144) See reverse for examples.

PLEASE PRINT OR TYPE

A. Name of Candidate James W VanSchaick
Address 3800 S Halstead Rd City Halstead Zip Code 67058
Home Telephone 620 340 3048 Business Telephone _____
Office Sought Council Member District No. _____

B. Affidavit:
State of Kansas
County of Harvey

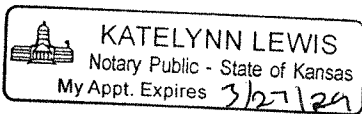
I, James W VanSchaick, do swear (or affirm) that:

1. The information in Item A 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 (\$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 one thousand dollars (\$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 & 3; and
5. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one thousand dollars (\$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 one thousand dollars (\$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. 25-4148. (K.S.A. 25-4174)

5-20-2025
(Date)

James W VanSchaick
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 20th day of May, 20 25

 KATELYNN LEWIS
Notary Public - State of Kansas
My Appt. Expires 3/27/24

Katelynn Lewis
(Notary Public)

(Seal)

My Appointment Expires March 27th, 20 25

Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractul of more than \$1,000 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-4148.

Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.

Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000 in each the primary and general election period; however, the \$1,000 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,
PLEASE CONTACT THE
GOVERNMENTAL ETHICS COMMISSION

901 S. Kansas Avenue
Topeka, Kansas 66612
Office (785) 296-4219
Fax (785) 296-2548