



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

RECEIVED IN THE SEDGWICK
COUNTY ELECTION OFFICE

2025 MAY 12 P 1:37

1. Name
List exactly as it will appear on ballot, including all punctuation.
Michael S McCormick

2. City
Valley Center

3a. Office sought Board of Education **3b. District Number** 262

4. Term Regular Unexpired **5. Preferred title** Mr. Mrs. Ms. Dr.
Used for mailing purposes.

6. Residential address
Provide a street or rural route. Do not leave blank.
Address: 234 N Emporia
City: Valley Center County: Sedg. Zip: 67147

7. Mailing address
Complete if mailing address is different from above.
Address: _____
City: _____ State: _____ Zip: _____

8. Telephone number
Home: 316-706-7156 Work: Retired Cell: 316-706-7156

9. Email address
mike@fumcvc.com

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

Signature of Candidate: X *Michael S McCormick* Today's Date: _____ Mo. _____ Day _____ Yr. _____
County Election Officer or City Clerk: X *[Signature]* Deputy Election Officer: *[Signature]*



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 <u>MICHAEL S MCCORMICK</u>			
Mailing Address <u>234 N EMPORIA</u>			
City <u>VALLEN CENTER</u>	County <u>SEDG</u>	Zip Code <u>67447</u>	
Telephone <u>316 706 7156</u>	Email <u>mike@fumcvc.com</u>		
Office Sought <u>BOARD OF EDUCATION</u>	District No. <u>262</u>		

TREASURER

Date Appointed <u>SELF</u>
Name
Mailing Address
City Zip Code
Telephone Email

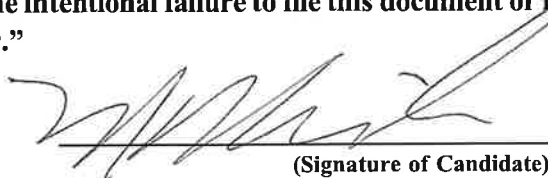
OR CANDIDATE COMMITTEE

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."

5/12/25
(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 2nd or 3rd 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 MICHAEL S McCORMICK
Address 234 N EMPORIA City Valley Center Zip Code 67447
Home Telephone 316-706-7156 Business Telephone _____
Office Sought Board of Education District No. 262

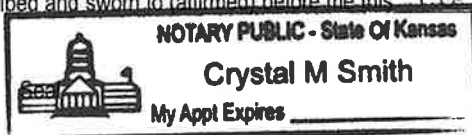
I, Michael S McCormick, do swear (or affirm) that:

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.

5/12/25
Date

[Signature]
Signature of Candidate

Subscribed and sworn to (affirmed) before me this 12 day of May, 2025



[Signature]
Notary Public

My Appointment Expires: 04/21/25

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:

McCORMICK			MICHAEL			S		
Last Name			First Name			MI		
PHOEBE McCORMICK								
Spouse's Name								
234 N EMPORIA AVE								
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number								
VALLEY CENTER KS								
City, State, Zip Code								
316-706-7156								
Home Phone			Business Phone					

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

BOARD OF EDUCATION USD 262								
List Name of Office								
BOE			USD 262					
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. <i>First United Methodist Church</i>	<i>Church</i>	<i>Member</i>	<i>[Signature]</i>
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. 1ST UNITED METHODIST CHURCH	560 N PARK VALLEY CENTER	CHURCH
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. 1ST UNITED METHODIST CHURCH	560 N PARK VALLEY CENTER	CHURCH
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, MUHAJIB MCCORMICK, 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.

Date


Signature or Person Making Statement

NUMBER OF ADDITIONAL PAGES 0