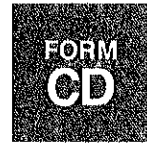


# Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



### 1 Ballot Information

David Falletti

Name (as it will appear on the ballot, including punctuation)

Winfield

City of Residence (as it will appear on the ballot)

Sheriff

Office Sought

District No.

Party Nomination Sought:  Democratic  Republican

Term:  Regular  Unexpired

### 2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

### 3 Contact Information All information is public record

Select one:  Mr.  Ms.  Mrs.  Dr.

11125 114th Dr.

Residential Address

Winfield

City

Cowley

County

67156

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional)

Cell Phone (optional)

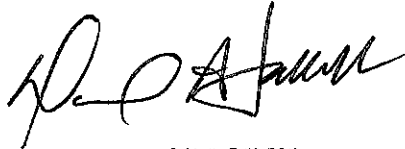
Email (optional)

Website (optional)

### 4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 12 / 12 / 2023  
Month Day Year

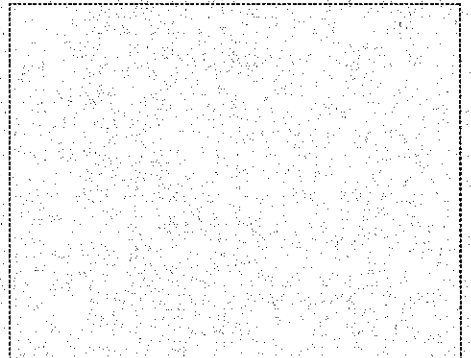
  
SIGN IN THIS BOX

### ATTESTATION (for office use only)

  
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)





**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 <i>David Falletti</i>	
Street <i>1125 114<sup>th</sup> Drive</i>	
City <i>Winfield</i>	County <i>Cowley</i> Zip Code <i>67156</i>
Home Telephone	Business Telephone
Office Sought <i>Sheriff</i>	District No.

**TREASURER**

Date Appointed	
Name <i>Alicha Scott</i>	
Address <i>6901 32<sup>nd</sup> Rd</i>	
City <i>Arkansas City</i>	Zip Code <i>67005</i>
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."

*12/12/2023*  
(Date)

*[Signature]*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

## INSTRUCTIONS

This form must be completed by each candidate for local office and filed with your County Election Officer. 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:      Kansas Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Office 785-296-4219  
Fax 785-296-2548

**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:**

Falletti David A.  
Last Name First Name MI

Kerri Falletti  
Spouse's Name

11125 114<sup>th</sup> Drive  
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Winfield, KS 67156  
City, State, Zip Code

Home Phone

620-221-5444

Business Phone

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

Sheriff

List Name of Office

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. Kansas Police and Fire State of Kansas Retirement	Retirement	Retirement	David Falleteh
2. Kansas Public Employees Retirement System State of Kansas Retirement	Retirement	Retirement	Kerri Falleteh
3. Edward Jones 3000 E. 9th Winfield, KS 67151	Mutual Fund Roth IRA	Roth IRA	Kerri Falleteh
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.	Cowley County Sheriff's Office	911 Fuller Winfield, KS	Sheriff's Office
2.	Cowley College	125 S. 2nd Atchison City, KS	Community College
3.	Paradigm Liason Services	222 S. Ridge Rd. Wichita, KS	Pipeline 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.	State of Kansas	Topeka, KS	State Government
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.	Kansas Sheriff's Association P.O. Box 1122 Pittsburg, KS 66762	Sergeant of Arms	David Falletti
2.	Kansas Accreditation Council 11009 S. Hornet Hutchinson, KS 67501	Vice Chairman	David Falletti
3.			
4.			
5.			

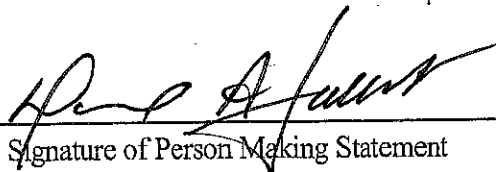
**G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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, David A. Falluti, 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.

12/12/2024  
Date

  
Signature of Person Making Statement

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



# Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



## 1 Ballot Information

DOUGLAS B. PLATTER  
Name (as it will appear on the ballot, including punctuation)

13519 136<sup>th</sup> Rd. WINFIELD  
City of Residence (as it will appear on the ballot)

TOWNSHIP TRUSTEE Walnut  
Office Sought District No.

Party Nomination Sought:  Democratic  Republican Term:  Regular  Unexpired

## 2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No. District Magistrate Judge Position No.

## 3 Contact Information. All information is public record.

Select one:  Mr.  Ms.  Mrs.  Dr.

13519 136<sup>th</sup> Rd  
Residential Address

WINFIELD COWLEY 67156  
City County Zip

Mailing Address (if different from residential address) City State Zip

Phone (optional) 620-222-2321 Cell Phone (optional) \_\_\_\_\_

doug.platter@yahoo.com  
Email (optional) Website (optional)

## 4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 06 28 2023  
Month Day Year

Douglas B. Platter

### ATTESTATION (for office use only)

Secretary of State or County Election Officer

Karl Casper  
Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)



**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>DOUGLAS B. PLATTER</u>	
Street <u>13519 136th Rd.</u>	
City <u>WINFIELD</u>	County <u>OSAGE</u> / Zip Code <u>67156</u>
Home Telephone <u>620-222-2321</u>	Business Telephone <u>CALL</u>
Office Sought <u>TOWNSHIP TRUSTEE</u>	District No.

**TREASURER**

Date Appointed <u>NONE</u>	
Name <u>NONE</u>	
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."

6/28/2023  
(Date)

Douglas B Platter  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**

## INSTRUCTIONS

This form must be completed by each candidate for local office and filed with your County Election Officer. 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:      Kansas Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Office 785-296-4219  
Fax 785-296-2548

**AFFIDAVIT OF EXEMPTION  
FROM FILING RECEIPTS AND EXPENDITURES REPORTS  
BY A CANDIDATE FOR COUNTY OFFICE**

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1,000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1,000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for county 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 25, 2022.** 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 DOUGLAS B. PLATTEK  
Address 13519 136<sup>th</sup> Rd City WINFIELD Zip Code 67156  
Home Telephone 620-222-2321 CELL Business Telephone \_\_\_\_\_  
Office Sought TOWNSHIP TROSTEE District No. \_\_\_\_\_

B. Affidavit:  
State of Kansas  
County of COWLEY

I, Douglas B. Plattek, 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 (\$1,000) 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 (\$1,000) 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 (\$1,000) 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 (\$1,000) 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. Supp. 25-4174)

6-28-2023  
(Date)

Douglas B Plattek  
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 28<sup>th</sup> day of JUNE, 2023

KAYLA CARTLIDGE  
DEPUTY COWLEY  
COUNTY CLERK  
(Seal)

Kyla Carlidge  
(Notary Public)

My Appointment Expires 1-13, 2023

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 contractual) 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

**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:**

DLATTER DOUGLAS B.

Last Name First Name MI

KRISTINA G.

Spouse's Name

13519 136<sup>th</sup> Rd.

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

WINFIELD KS. 67186

City, State, Zip Code

620-222-2321 CELL

Home Phone Business Phone

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

List Name of Office

TOWNSHIP TRUSTEE

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.		



**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, DOUGLAS B. PLATTER, 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.

6-28-23  
Date

Douglas B Platter  
Signature of Person Making Statement

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

**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.	KANSAS DEPT. TRAMP	WELLINGTON	MAINT.
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.	SELF EMPLOYED	13519 136 <sup>th</sup> RD	HANDYMAN
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.			