

APR 30 2025

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

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

Jeff Klaessen

2. City

Whitewater

3a. Office sought USD 206 School Board

3b. District Number 206

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: 600 Willow Ridge

City: Whitewater County: Butler Zip: 67154

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

Address: _____

City: _____ State: _____ Zip: _____

8. Telephone number

Home: _____ Work: _____ Cell: 316-200-1194

9. Email address

Jeff & Klaessen 79@gmail.com

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

Signature of Candidate: X *[Signature]*

Today's Date: Mo. 4 Day 30 Yr. 2025

County Election Officer or City Clerk: X *[Signature]*

Deputy Election Officer: X

Please review to ensure completion.

APR 30 2025

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:

Klaassen Jeff L

Last Name First Name MI

Jennifer Klaassen

Spouse's Name

600 Willow Ridge

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

Whitewater KS 67154

City, State, Zip Code

316-200-1194

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

School Board

List Name of Office

USD 206 Remington

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 JK.

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 JK.

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.	CARB Elevator	PO Box 327 Whitewater KS 67154	Elevator Service
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.	Peak Pediatric Wellness	12627 E Central Suite 306 Wichita KS 67206	Medical
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.	Peak Pediatric Wellness	owner	Jenifer
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.

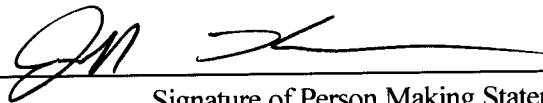
If you have nothing to report in Section "G", check here

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

H. DECLARATION:

I, Jeff Klassen, 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.

4/30/2025
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

Rec'd Bu. Co. Election
APR 30 2025

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <i>Jeff Klaessen</i>		
Mailing Address <i>600 Willow Ridge</i>		
City <i>Whitewater</i>	County <i>Butler</i>	Zip Code <i>67154</i>
Telephone <i>316-200-1194</i>	Email <i>jeffklaessen79@gmail.com</i>	
Office Sought <i>School Board Remington</i>	District No. <i>USD 206</i>	

TREASURER

Date Appointed		
Name <i>SAME as above</i>		
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."

4/30/2025
(Date)

[Signature]
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR OFFICE IN A CITY (2nd & 3rd Class),
UNIFIED SCHOOL DISTRICT OR COMMUNITY COLLEGE.**

APR 30 2025

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

File this report with the County Election Officer prior to July 28, 2025. If a candidate qualifies for this exemption, the candidate must maintain itemized records required by K.S.A. 25-904. See other side for examples.

NAME OF CANDIDATE Jeff Klaessen

600 Willow Ridge Whitewater KS 67154
(Address) (City) (State) (Zip)

Telephone: Home 316-200-1194 Business: _____

Office Sought: _____ District No. 206

Jurisdiction: USD 206 Remington
(Name of City, School District, Community College, or Township)

AFFIDAVIT:
State of Kansas
County of Butler

I, Jeff Klaessen, 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 \$1,000.00 in the primary election period; and
3. I intend to receive or have received on my behalf (including contributions by myself) contributions of an aggregate amount or value of less than \$1,000.00 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 \$1,000.00 limits of 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 \$1,000.00 in the general election period; and
6. I intend to receive or have received on my behalf (including contributions by myself) contributions of an aggregate amount or value of less than \$1,000.00 in the general election period; and
7. If contributions are received or expenditures made (actual or contractual) exceeding any of the amounts stated above, I shall within three (3) days of the date of such excess file all past due itemized statements and shall file all such future itemized statements as required by K.S.A. 25-904(b).

4/30/2025
(Date)

[Signature]
(Signature of Candidate)

Subscribed and sworn to/affirmed before me, this 30th day of April, 2025

Jennifer Currier
(Notary Public)



My appointment expires: 3/3/26

CITY/ SCHOOL FILING CHECK OFF LIST

Candidate Name:

Jeff Klaassen

Date Filed:

4-30-25

Filing Fee: \$20.00

RECV'D	DATE	N/A
<input checked="" type="checkbox"/>	4-30-25	

Candidate's Declaration of Intention:

<input type="checkbox"/>	4-30-25	<input type="checkbox"/>
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Statement of Substantial Interest:

<input type="checkbox"/>	4-30-25	<input type="checkbox"/>
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Appointment of Treasurer/Candidate Committee:

<input type="checkbox"/>	4-30-25	<input type="checkbox"/>
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Affidavit of Exemption:

(Fill out only if Receiving or Spending \$1000 or less)

<input type="checkbox"/>	4-30-25	<input type="checkbox"/>
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Itemized Statement of Receipts & Expenditures:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EMPLOYEE:



***** Date Stamp Every Document
***** Keep Check List in Candidate's File

Rec'd Bu. Co. Election

APR 30 2025