



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

2025 APR 29 P 12:23

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

**2. City**  
 Valley Center

**3a. Office sought**  
 school board

**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  
 533 N Valley Creek Circle

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

Work

Cell  
 316 871 3413

**9. Email address**  
 spineanderson20@hotmail.com

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

Signature of Candidate  
 X *Matthew W Anderson*

Today's Date: Mo. *04* Day *29* Yr. *2025*

County Election Officer  
 Clerk X *[Signature]*



**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	Spike Anderson		
Mailing Address	533 N Valley Creek Circle		
City	County	Zip Code	
Valley Center	Sedgwick	67147	
Telephone	316 871 3413	Email	spikeanderson20@gmail.com
Office Sought	School board		District No. 202

**TREASURER**

Date Appointed	4/29/25		
Name	Matthew Anderson		
Mailing Address	533 N Valley Creek Circle		
City	County	Zip Code	
Valley Center		67147	
Telephone	316 871 3413	Email	spikeanderson20@gmail.com

**OR CANDIDATE COMMITTEE**

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

4/29/25  
(Date)

Matthew Anderson  
(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 Matthew W Anderson  
Address 533 N Valley Creek Cir City Valley Center Zip Code 67147  
Home Telephone 316 871 3413 Business Telephone \_\_\_\_\_  
Office Sought School Board District No. At Large

I, Matthew Anderson, 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.

4/29/25 Date Matthew Anderson Signature of Candidate

Subscribed and sworn to (affirmed) before me this 29 day of April, 2025

 RACHEL McCONNELL  
Notary Public - State of Kansas  
My Appt. Expires 7-11-27

[Signature]  
Notary Public

My Appointment Expires: 7-11-27

**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:**

Anderson Matthew W		
Last Name	First Name	MI
Kristin		
Spouse's Name		
533 N Valley Creek Circle		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Valley Center KS 67147		
City, State, Zip Code		
316 871 3413		
Home Phone		Business Phone

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

USD 262 school board	
List Name of Office	
school board 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. <u>Masin Investments LLC</u>	<u>real estate</u>	<u>real estate</u>	<u>self Wife</u>
2. <u>Delta Juliet Sierra LLC</u>	<u>real estate</u>	<u>real estate</u>	<u>self Doug Kirkland Jeff Pritchard</u>
3. <u>Hornet Capital LLC</u>	<u>real estate</u>	<u>real estate</u>	<u>self</u>
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.	Morgan Stanley	1017 N Waterfront Parkway	Financial
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.			
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, Matthew Anden, 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.

4/29/25  
Date

Matthew Anden  
Signature or Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.