



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

Rec'd Bu. Co. Election

MAY 21 2025

1. Name

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

LUKE AMEND.

2. City

WHITEWATER

3a. Office sought

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
16842 NW 120TH. STREET
City: WHITEWATER County: BUTLER Zip: 67154

7. Mailing address

Complete if mailing address is different from above.

Address
(SAME AS ABOVE)
City: State: Zip:

8. Telephone number

Home: 316.799.2756 Work: 316.303.4075 Cell: 316.303.4075

9. Email address

lamend@huttonbuilds.com

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

Signature of Candidate

X

Today's Date:

Mo. 5 Day 21 Yr. 2025

County Election Officer or City Clerk

X

Deputy Election Officer

X

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:

AMEND LUCIEN M

Last Name First Name MI

MINDUELYN AMEND

Spouse's Name

16842 NW 120TH ST.

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

WHITEWATER, KS, 67154

City, State, Zip Code

316-799-2756

Home Phone

316-799-2303-4075

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

SCHOOL BOARD OF EDUCATION

List Name of Office

MEMBER USD 206

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 LA

	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 LA

	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.	HUTTON	111 N. SYCAMORE	CONSTRUCTION
2.		WICHITA, KS.	

67203

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.	ADVANCED PHYSICAL	7111 E. 21 ST N	PHYSICAL
2.	THERAPY	WICHITA, KS.	THERAPY

67206

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 LA

	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.

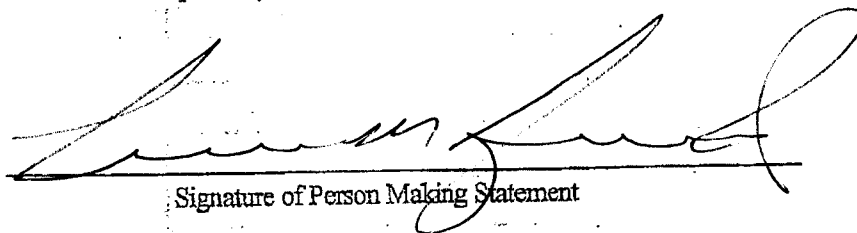
If you have nothing to report in Section "G", check here LA

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

H. **DECLARATION:**

I, LUCIEN AMEND, 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.

5/21/2025
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

MAY 21 2025

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	LUCIEN "LUKE" AMEND		
Mailing Address	16842 NW 120TH ST.		
City	County	Zip Code	
WHITEWATER	BUTLER	67154	
Telephone	316-799-2756	Email	lamend@huttonbuilds.com
Office Sought	BOARD OF EDUCATION		District No. USD 206

TREASURER

Date Appointed	5/21/2025		
Name	LUCIEN AMEND		
Mailing Address	SAME AS ABOVE		
City		Zip Code	
Telephone		Email	

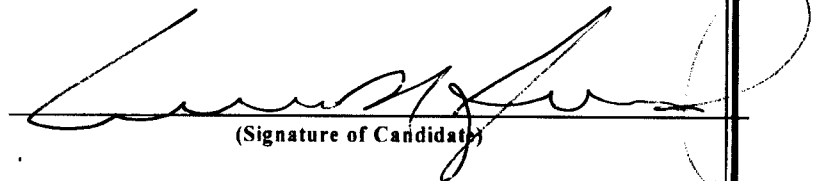
OR CANDIDATE COMMITTEE

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."

5/21/2025
(Date)


(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.**

Rec'd Bu. Co. Election

MAY 21 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 LUCIEN "LUKE" AMEND

10842 NW 120TH WHITEWATER KS. 67154
(Address) (City) (State) (Zip)

Telephone: Home 316.799.2756 Business: 316.303.4075

Office Sought: BOARD OF EDUCATION District No. USD 706

Jurisdiction: REMINGTON
(Name of City, School District, Community College, or Township)

AFFIDAVIT:

State of Kansas
County of Butler

I, LUCIEN AMEND, 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).

5/21/2025
(Date)

[Signature]
(Signature of Candidate)

Subscribed and sworn to/affirmed before me, this 21 day of May, 2025



Angela Jones-Burks
(Notary Public)

My appointment expires: 8-30-2028

CITY/ SCHOOL FILING CHECK OFF LIST

Rec'd Bu. Co. Election

MAY 21 2025

Candidate Name:

Lucien Merral Amend

Date Filed:

May 21, 2025

Filing Fee: \$20.00

RECVD	DATE	N/A
/	5-21-25	

Candidate's Declaration of Intention:

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Statement of Substantial Interest:

/		
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Appointment of Treasurer/Candidate Committee:

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Affidavit of Exemption:

(Fill out only if Receiving or Spending ~~\$500~~ or less)

\$1,000

/		
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Itemized Statement of Receipts & Expenditures:

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EMPLOYEE:

A Jones-Burks

***** Date Stamp Every Document

***** Keep Check List in Candidate's File