### Office of the Kansas Secretary of State

## Candidate's Declaration of Intention DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1 Falla Refrance (	
DOUGLAS P. PLATTER	
Name (as it will appear on the ballot, including punctuation)	<u> </u>
13519 136 Rd.	(1) INF1ELD
City of Residence (as it will appear on the ballot)	
TOWNSHIP TRUSTES	Walnut
Office Sought	District No.
Party Nomination Sought: O Democratic Republic	can Term: 🔊 Regular 🔘 Unexpired
2 Elected Judicial Candidates Only (comple	e ( applicate)
District Court Judge Division No.	District Magistrate Judge Position No.
3 Confact Information (I) All information is p	iblicacord)
Selectione: Ø Mr. O Ms. O Mrs. Q Dr.	enterentad Austrian (11. cupra a licensis)
13579 13/24Rd	
Residential Address	-
WINFIELD	Caw14V 67156
City	County Zip
Mailing Address (if different from residential address)	City State Zip
Phone (optional) $620 - 222 - 232$	
1 a state of	
Email (optional)	Website (optional)
DE PARLETTANIA DE LA CONTRACTOR DE LA CO	website (optional)
4 Candidate Signature	
I declare that I am affiliated with the above-state and that I intend to become a candidate for the	
stated office at the appropriate election.	Days 15. 1 de
Date 06 126 12023	
Month Day Year	
ATTESTATION (for office use only)	
Secretary of State or County Election Officer	<del></del>
Kal Caderce	
Assistant Secretary of State or Deputy County Election Officer	
Notary (applicable only for precinct committeeman or committeev	voman)

### APPOINTMENT OF

# TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

Street /35/9 /36/1 R  City WINFIECD  Home Telephone b20-222-232  Office Sought TOW WS KIP  TREASURER  Date Appointed Name  Address  City  Home Telephone  OR CANDIDATE COMMITTEE  Date Appointed  Chairperson's Name	County (FSCOVE)/Zip Code 67/56  Z COUNTY PRODUCTION STRUCTURE District No.  Zip Code  Business Telephone
Street /35/9 /3644 R  City WIMFIECD  Home Telephone 620 - 222 - 232  Office Sought TOWNS HIP  TREASURER  Date Appointed Name  Address  City  Home Telephone  OR CANDIDATE COMMITTEE  Date Appointed  Chairperson's Name	County B Cours / Zip Code 67/56  2) Courty Business Telephone  TRVSTS & District No.  Zip Code  Business Telephone
City WIMFIECD  Home Telephone 620-222-232  Office Sought TOWNSKID  TREASURER  Date Appointed Name  Address  City  Home Telephone  OR CANDIDATE COMMITTEE  Date Appointed  Chairperson's Name	Zip Code  Business Telephone  Zip Code
Home Telephone 620-222-232 Office Sought TOWNSHIP  TREASURER Date Appointed Name Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Zip Code  Business Telephone  Zip Code
TREASURER  Date Appointed Name  Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Zip Code  Business Telephone
TREASURER  Date Appointed Name Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Zip Code Business Telephone
Date Appointed Name Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Business Telephone
Date Appointed Name Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Business Telephone
Name Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Business Telephone
Address City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Business Telephone
City Home Telephone  OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name	Business Telephone
Home Telephone  OR CANDIDATE COMMITTEE  Date Appointed  Chairperson's Name	Business Telephone
OR CANDIDATE COMMITTEE  Date Appointed  Chairperson's Name	
Date Appointed Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

**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.

Α.	Name of Candidate DOUGLAS S. PLA TTER
	Address 135/9 136th Rd City WINFIECD Zip Code 6715
	Home Telephone DOD - DOD
	Office Sought 10005 AID 17057 E District No.
В.	Affidavit: State of Kansas County of Courte ()  I, Courte
	<ol> <li>The information in Item A above is true and correct;</li> <li>I intend to expend, contract to expend, or have expended, on my behalf an aggregate amount or value of less than</li> </ol>
	one thousand dollars (\$1,000) in the primary election period; and  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  understand that the payment of my filing fee, or the receipt of funds to pay my filing fee, is not included in the
	<ul> <li>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 &amp; 3; and</li> <li>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</li> </ul>
	<ol> <li>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</li> <li>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</li> </ol>
	and shall file all such future reports on the dates required by K.S.A. 25-4148. (K.S.A. Supp. 25-4174)    Content
	KAYLA CARTLIDGE  DEPUTY COWLEY COUNTY CLERK (Seal)  Aday of Diversity day
	My Appointment Expires 1 - 13 , 20 \( \alpha 3 \)

- 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

<u>INSTRUCTIONS</u>. 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. <u>IDENTIFICATION</u> :	
DLATTER DOUGLAS B.	
Last Name First Name MI	
Spouse's Name	<del></del> -
135/9 136 TARd.	
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number	
City, State, Zip Code  620-222-0321 C2LL	
Home Phone Business Phone	<u> </u>
B. OFFICE SOUGHT, HELD OR APPOINTED TO:	
List Name of Office	
TOWNS HIP TRUSTES	
Position District	
CONTINUED ON NEXT PAGE	
Date received (Official use only)	

Rev. 2001

Governmental Ethics Commission

C. <u>OWNERSHIP INTERESTS:</u> 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.		1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6.				
7.				
8.				
9.				
10.				

D. <u>GIFTS IN THE FORM OF GOODS OR SERVICES:</u> 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

insert additional pages it necessary	to combiete mis secudifi
If you have nothing to report in Sec	ction "G", check here 📐

	NAME OF CLIENT / CUSTOMER	(4) (1) (1) ( <b>4) (4)</b> (4)	ADDRESS	RECEIVED BY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.	· . ·			
10.				
11.				
12.	· · · · · · · · · · · · · · · · · · ·			

#### H. **DECLARATION:**

4772K, 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.

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. <b>3</b> K	11/2 10 B	RAUR	WELLING TON	MANT
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

All Sand	NAME OF BUSINESS	The second of	ADDR	ESS	TYPE OF BUSINESS	
1. 596	EMPLOYED		135/9	136 4 Rd	HANDYMAN	
2.					<u> </u>	

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.				