

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.

Robert G. (Bob) Diepenbrock

2. City

Newton

3a. Office sought

Board of Education

3b. District Number

373

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

620 Rolling Hills Cir.

City

Newton

County

Harvey

Zip

67114

7. Mailing address

Complete if mailing address is
 different from above.

Address

City

State

Zip

8. Telephone number

Home

(316) 708-2806

Work

Cell

(316) 708-2806

9. Email address

bdiepenbrock1@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 *Robert G. Diepenbrock*

Today's
 Date:

Mo.

05/

Day

07/

Yr.

2025

County Election Officer

X *Mrs. Peji*

Deputy Election Officer

X

1355772

KL
 5/20/25 Paid



GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF FAIR CAMPAIGN PRACTICES

I shall conduct my campaign in the best tradition, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponent and his or her party which merit such criticism.

I shall conduct my campaign without the use of vilification, character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.

I shall conduct my campaign forswearing any dishonest or unethical practice which tends to discredit the legislative process or the Legislature as an institution.

I shall conduct my campaign without the use of campaign material of any sort which misrepresents, distorts, or otherwise falsifies the facts regarding any candidate, as well as the use of malicious or unfounded accusations against any candidate which aim at creating or exploiting doubts, without justification, as to his or her loyalty and patriotism.

I shall refrain from the unfair practice of publicizing campaign material detrimental to my opponent too near election day to permit my opponent's rebuttal.

I shall conduct my campaign without any appeals to prejudice based on race, sex, creed, or national origin.

I shall immediately and publicly repudiate support deriving from any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics which I condemn.

I, the undersigned, candidate for election to a state or local office in Kansas, hereby endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

USD 373 BOE
Office Sought

05/07/2025
Date

Robert G. Diegenbrock
Name (Please Print)

Robert G. Diegenbrock
Signature

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:

Diepenbrock Robert G.
Last Name First Name MI

Nancy L. Diepenbrock
Spouse's Name

620 Rolling Hills Cir.
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Newton, Kansas 67114
City, State, Zip Code

(316) 708-2806
Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

USD 373 Board of Education
List Name of Office

Board Member 373
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. | | | |

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. | KU School of Medicine - Wichita | | Medical School |
| 2. | Kansas College of Osteopathic Medicine | | Osteopathic Medical School |

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. | Kansas College of Osteopathic Medicine | | Osteopathic Medical School |
| 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. | New Hope Shelter 308 S. Meridian Newton, KS 67114 | Board of Directors Member (Nancy) | Nancy |
| 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, Robert G. Diepenbrock, 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.

05/07/2025
Date

Robert G. Diepenbrock
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

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 | Robert G. Diepenbrock | | |
| Mailing Address | 620 Rolling Hills Circle | | |
| City | County | Zip Code | |
| Newton | Harvey | 67114 | |
| Telephone | (316) 708-2806 | Email | bdiepenbrock1@gmail.com |
| Office Sought | USD 373 Board of Education | | District No. USD 373 |

TREASURER

| | | | |
|-----------------|-----------------------|----------------|----------------------|
| Date Appointed | 05/20/2025 | | |
| Name | Thomas Jones | | |
| Mailing Address | 624 Rolling Hills Dr. | | |
| City | Newton | Zip Code 67114 | |
| Telephone | (620) 617-1460 | Email | FFjones454@yahoo.com |


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."

05/20/2025
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Print Page

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR CITY 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 city 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 28, 2025.** 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 Robert Gene Diepenbrock
Address 620 Rolling Hills Cir. City Newton Zip Code 67114
Home Telephone (316) 708-2806 Business Telephone N/A
Office Sought USD BOE member District No. 373

B. Affidavit:
State of Kansas)
County of Harvey)

I, Robert G. Diepenbrock, 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 (\$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 one thousand dollars (\$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 & 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 (\$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 one thousand dollars (\$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. 25-4148. (K.S.A. 25-4174)

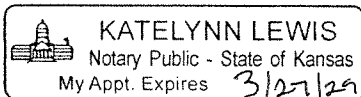
05/20/2025

(Date)

Robert G. Diepenbrock

(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 20th day of May, 20 25



(Seal)

Katelynn Lewis
(Notary Public)

My Appointment Expires March 27th, 20 25