

Candidate's Declaration of Intention

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1 Ballot Information

Phillip J. HARVEY
Name (as it will appear on the ballot, including punctuation)

Baldwin City
City of Residence (as it will appear on the ballot)

SCHOOL BOARD 348
Office Sought District No.

Party Nomination Sought: Democratic Republican Term: Regular Unexpired

2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No. District Magistrate Judge Position No.

3 Contact Information 1 All information is public record

Select one: Mr. Ms. Mrs. Dr.

1455 N. 600 Rd
Residential Address

Baldwin City DOUGLAS 66006
City County Zip

Mailing Address (if different from residential address) City State Zip

Phone (optional) _____ Cell Phone (optional) _____

Email (optional) Website (optional)

4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 05 / 03 / 2021
Month Day Year

ATTESTATION (for office use only)

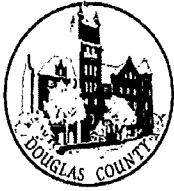
[Signature]
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

MAY 17 4:51:08 PM '21
DOUGLAS COUNTY CLERK

3741321



Douglas County Elections

Jamie Shew
Douglas County Clerk/Chief Election Officer

Affidavit of Exemption

K.S.A. 25-904(a)

Instructions

- ✓ File this report with the Douglas County Clerk's Office
- ✓ Applicable to candidates in third class cities' mayoral and council, community college, township, school, water, and drainage elections.
- ✓ Candidates who anticipate receiving or spending less than \$1000 in each of the Primary and General elections, exclusive of any filing fees, may use this form to exempt themselves from filing reports of expenditures.
- ✓ For exemption, a candidate must complete this Affidavit of Exemption and file it with the Douglas County Clerk's office **nine (9) days before the primary election**. Even if the candidate anticipates not being in a Primary Election, this form is due by the deadline to be valid.
- ✓ Once the form is filed it will exempt the candidate from filing the required Candidate's Itemized Receipts and Expenditures Report, which is due thirty (30) days after each applicable election. Records should still be maintained in case the expenditure limit is exceeded during the election.


Name (Please Print) Phillip Harvey

Address 1455 N. 600 Rd Baldwin

Home Phone 210 516 5627 Business 785 843 5490

Office Sought SCHOOL BOARD District Number (if applicable) 348

Affidavit: State of Kansas, County of Douglas


I,  Phillip Harvey, do swear (or affirm) that:

1. The information listed 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 are 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 **Primary Election** period, and
7. If contributions or expenditures made (actual or contractual) in excess of any of the amounts set above, I shall within thirty days after the date of the election file the Candidates Itemized Statement of Receipts and Expenditures Report required by K.S.A. 25-904(b)

Signature of Candidate 

Date 3 MAY 2021

Subscribed and sworn before me, this 17TH day of MAY, 2021


Notary Public

My appointment expires _____

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:

HARVEY	PHILIP	J
Last Name	First Name	MI
HARVEY KIMBERLY R.		
Spouse's Name		
1455 N 600 Rd Baldwin City KS 66006		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
BALDWIN CITY KS 66006		
City, State, Zip Code		
210 516 5627		785 843 5490
Home Phone		Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

SCHOOL BOARD MEMBER	
List Name of Office	
Position	District

CONTINUED ON NEXT PAGE

Date received (Official use only)

Governmental Ethics Commission Rev. 2001

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. ORAL SURGERY KANSAS 308 MAINE LAWRENCE KS 66044	DENTAL	20%	self
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.	ORAL SURGERY KANSAS	308 MAINE LAWRENCE KS	DENTAL
2.		6644	

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 X.

	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 X.

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.			
2.			
3.			
4.			
5.			

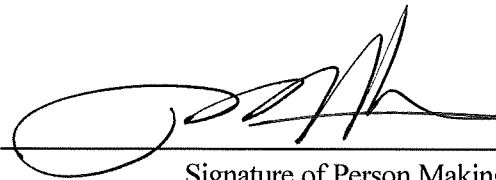
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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, Philip Harvey, 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.

03 MAY 2021
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.