

City/School Form
Candidate's Declaration of Intention CS

BALLOT INFORMATION:

1. Name - exactly as it will appear on the ballot (include ALL punctuation):

Kelly Jones

2. City:

Lawrence KS

3a. Office sought

School board

3b. District no.

497

4. Term: Regular

Unexpired

kellyjonesforschoolboard@gmail.com

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title:

Mr. Mrs. Ms.

6. Date filed

5/27/21

7. Residential address (street or rural route)

415 E 15th

8. City

LAWRENCE

9. County

DG

10. Zip code

66044

11. Mailing address (if different)

12. Telephone number:

Home

785-764-1465

Work

785-864-2663

CANDIDATE STATEMENT & SIGNATURE:

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

Kelly Jones
Signature of Candidate

ATTESTATION:

County Election Officer
or City Clerk

Deputy Election Officer

MAY 27 2 14 PM '21
CLERK

2743282

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 <u>Kelly Jones</u>			
Street <u>415th 15th Street</u>			
City <u>Lawrence</u>	County <u>KS</u>	Zip Code <u>66044</u>	
Home Telephone <u>785-764-1465</u>		Business Telephone	
Office Sought <u>USD 497 School board</u>		District No. <u>497</u>	

TREASURER

Date Appointed <u>5/27/21</u>			
Name <u>Lova Swartzendruber</u>			
Address <u>1700 Pennsylvania</u>			
City <u>Lawrence</u>	County <u>KS</u>	Zip Code <u>66044</u>	
Home Telephone <u>1214 448 1878</u>		Business Telephone	

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

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."

5/24/21
(Date)

Kelly Jones
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

RECEIVED
DOUGLASS COUNTY CLERK
LAWRENCE, KANSAS

2017 MAY 22 AM 8 46

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:

Jones Kelly Ann

Last Name First Name MI

Jon Tunge

Spouse's Name

415 E 15th Street

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

Lawrence KS, 66044

City, State, Zip Code

785-767-1465

Home Phone

785-864-2663

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

List Name of Office

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.	University of Kansas,	1545 Lilac Lane, Lawrence	Social Welfare Dept.
2.		66045	Chemistry Dept

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.	University of Kansas	1251 Westside Hall Dr.	Chemistry Dept
2.		# 2010, Lawrence	

66045

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	PROF. HELD BY WHOM
1.	KU School of Social Welfare	Director of Field Education	candidate, self
2.	KU School of Chemistry	Asc. (Chair for (Chemistry) Grad Studies	Spouse, Jon.
3.		Director of Field Education	
4.		Associate Professor of Practice	
5.			

~~ASSOCIATE~~

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, Kelly Jones, 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.

5/22/17
Date

Kelly Jones
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.