

City/School Form

Candidate's Declaration of Intention CS

BALLOT INFORMATION:

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

2. City:
Baldwin City

3a. Office sought Mayor

3b. District no. _____

4. Term: Regular Unexpired

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed _____

7. Residential address (street or rural route) 1412 Maple Leaf Ct.

8. City Baldwin City 9. County Douglas 10. Zip code 66006

11. Mailing address (if different) _____

12. Telephone number: Home 785 643-3932 Work same

CANDIDATE STATEMENT & SIGNATURE:

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

Brian Cramer
Signature of Candidate

ATTESTATION:

County Election Officer
or City Clerk

[Signature]
Deputy Election Officer

NOV 27 21 PM 1:45
DOUGLAS COUNTY CLERK

2025380



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) Brian Cramer

Address 1412 Maple Leaf Ct.

Home Phone 785 643-3932 Business None

Office Sought Mayor - Baldwin City District Number (if applicable) _____

Affidavit: State of Kansas, County of Douglas

I, Brian A Cramer, 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 and General 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 and General 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 **Primary and 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 and General 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 Brian A. Cramer

Date 5-27-21

Subscribed and sworn before me, this 27 day of MAY, 2021

NOTARY PUBLIC

[Signature]
Notary Public

My appointment expires _____

RECEIVED
DOUGLAS COUNTY CLERK
LABETTE, KANSAS

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

2019 APR 30 PM 12 24

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:

Cramer Brian A
Last Name First Name MI

Bonnie Cramer
Spouse's Name

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number
1412 Maple Leaf Ct. Baldwin City, KS 66006

City, State, Zip Code
785 643-3932
Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

City Council - Baldwin City
List Name of Office

Council member Baldwin City
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.	Voya	Retirement Financial Account	Retirement Account	Spouse
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.			
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 .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Lawrence Memorial Hospital - Family Medicine Baldwin City	325 Maine - Lawrence	Family Medicine Clinic
2.		406 Ames Baldwin City	

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.			

- 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, Brian A Cramer, 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.

4-30-18

Date

Brian A. Cramer

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.