

City/School Form

# Candidate's Declaration of Intention **CS**

**BALLOT INFORMATION:**

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

Jamin Perry

2. City:

Baldwin City, KS

3a. Office sought School Board Member

3b. District no. USD 348 #2

4. Term: Regular  Unexpired

**OFFICE INFORMATION:**

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5/31/23

7. Residential address (street or rural route) 318 Chapel st.

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

11. Mailing address (if different) \_\_\_\_\_


12. Telephone number: Home 417-437-7404 Work 785-594-8326

**CANDIDATE STATEMENT & SIGNATURE:**

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

Jamin Perry 5/31/23  
Signature of Candidate

**ATTESTATION:**



County Election Officer  
or City Clerk

Deputy Election Officer

DOUGLAS COUNTY ELECTIONS  
2524 W 11TH ST  
TOPEKA, KS 66606



# 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) Jamin Perry

Address 318 Chapel St.

Home Phone 417-437-7404 Business 4785-594-8326

Office Sought School Board Member District Number (if applicable) 348

### Affidavit: State of Kansas, County of Douglas

I, Jamin Perry, 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 Jamin Perry

Date 5/31/23

DOUGLAS CO. ELECTIONS  
'23 MAY 31 AM 11:50:47

Subscribed and sworn before me, this 31<sup>st</sup> day of May, 2023

[Signature]  
Notary Public

My appointment expires July 10<sup>th</sup>, 2025

**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:**

Perry	Jamia	W
Last Name	First Name	MI
Lyndsey Perry		
Spouse's Name		
318 Chapel St.		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Baldwin City, KS 66006		
City, State, Zip Code		
417-437-7404		785-594-8326
Home Phone		Business Phone

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

School Board		
List Name of Office		
Member	USD	348
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.	Amundi US (Pioneer Fund) P.O. Box 9897 Providence, RI 02940	Investment	Mutual Fund	Jamie Perry
2.	One America Financial Indianapolis, IN 46206	Retirement Fund	403 B	Jamie Perry
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.	Baker University	615 Pearson St Baldwin	Private University
2.	Johnson County Comm. College.	12345 College Blvd. <sup>66006</sup> Overland Park KS, 66210	Public College

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.	ECKCE	600 High St Baldwin	Coop of sped services
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.	Boy Scout Troop 65 341 Fremont St. Baldwin City, KS 66006	Asst. Scoutmaster	Jane Perry
2.	Cub Scout Pack 3065 341 Fremont St. Baldwin City, KS 66006	Committee Chair	Jane Perry
3.	Baldwin Elementary PTO 500 Lawrence St. Baldwin City, KS 66006	member	Lyndsey Perry
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, *Jamie R...*, 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.

5/31/23  
Date

*Jamie R...*  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_.