Rev. 12/00 bac

Candidate's Declaration of Intention CS

BALLOT INFORMATION: 1. Name-exactly as it will appear on the ballot (include ALL punctuation):
Victoria "Tori" truerroro Yardley 2. City:
Baldwin City 3a. Office sought USD 348 School Board
3a. Office sought USD 348 School Board 3b. District no. 348 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) 178 15. 1900th Pol 8. City Baldwin City 9. County Douglas 10. Zip code (0000le) 11. Mailing address (if different) 12. Telephone number: Home 385-248-1988 Work
CANDIDATE STATEMENT & SIGNATURE:
I declare that I intend to become a candidate for the above-stated office at the appropriate election.
1. Juenes Signature of Candidate
ATTESTATION:
Dan De
County Election Officer or City Clerk Deputy Election Officer



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
- 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) Victoria "Ton" Guerrero Yardley
		Address 178 E. 1900th Rd
		Home Phone <u> </u>
		Office Sought School Board District Number (if applicable) 348
Affi	da	vit: State of Kansas, County of Douglas
l,		Victoria towerren Yardley, 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)
Sign	atı	ure of Candidate 1. Yarduy Date 5 1821
		Subscribed and sworn before me, this 18th day of May , 2021
		ELIZABETH R CHERRY My Appointment Expires January 11, 2022 My appointment expires O1 11 20 2 2

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

<u>INSTRUCTIONS</u>. 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. <u>IDENTIFICATION</u> :					
Vardley (Interest Victora Toril' Grace Tast Name First Name MI					
Tast Name MI					
Spouse's Name					
178 E. 1900th Rd					
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number					
Paldum City KS (0100000 City, State, Zip Code					
T85-248-1988 Home Phone Business Phone					
B. OFFICE SOUGHT, HELD OR APPOINTED TO:					
School Board Member List Name of Office					
School Board 348					
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.				INTERESTS HELD	WHOM
2.					
3.					manni (manasan masa) da
_					
4.					
5.					
					okal odministrojenicojski opisom omnistrojenico
6.					
7.					
8.					
9.			·		
10.		ATT			

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 repo	rt in Section	"E"1, check	here .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. Rile	Precision Mig.	401 E. High St	Marhine Shoo
2.	7	J	

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.			
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.			
2.			
3.			
4.			
5.			

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. <u>DECLARATION:</u>

I. D. Dueno	
I, V. JUUWS	, declare that this statement of substantial interests (including any
accompanying pages and statements) has be	en 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.	

5/18/21

Signature of Person Making Statement