Office of the Kansas Secretary of State

Candidate's Declaration of Intention



1 Ballot Information		
Zachariah N. Br	soks	
Name (as it will appear on the ballot, including punctuation	n)	
Eudora KS		
City of Residence (as it will appear on the ballot)		
City Commissioner	<u>S</u>	
Office Sough	District No.	
Party Nomination Sought: O Democratic O Reput	blican T	erm: 🚱 Regular 🔘 Unexpired
2 Elected Judicial Candidates Only (compl	ete if applicable)	
District Court Judge Division No.	District Magistrate Jud	ge Position No.
3 Contact Information (1) All information is	public record	
Select one: Mr. O Ms. O Mrs. O Dr.		
1227 Maple Str. Residential Address		
Residential Address		
Endora	Dougla	5 66025
City	County	Zip
Mailing Address (if different from residential address)	City	State Zip
Phone (optional)	Cell Phone (option	nal)
wirenatznb@yahoo.com	1	
Email (optional)	Website (optional)	
Email (optional) 4 Candidate Signature	Website (optional)	
Email (optional)	Website (optional)	M Backs
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the	Website (optional)	M Backs
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 2021	Website (optional)	M Breks
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 2021 Month Day Year	Website (optional)	M Backs
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 2021 Month Day Year	Website (optional)	M Bucks
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-star and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 25 2 1 Month Day Year ATTESTATION (for office use only)	Website (optional)	M Breks
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-star and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 25 2 1 Month Day Year ATTESTATION (for office use only)	Website (optional)	M Breks
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 2021 Month Day Year ATTESTATION (for office use only) Secretary of State or County Election Officer	Website (optional)	M Bucks
Email (optional) 4 Candidate Signature I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date 5 / 28 / 2021 Month Day Year ATTESTATION (for office use only) Secretary of State or County Election Officer	Website (optional) ted party e above-	iM Backs

Prepared by the Office of the Secretary of State Kris W. Kobach, 1st Hlobr, Memorial Hall, Topeka, KS 66612-1594. KSA 25-205(a), 25-206(a). Rev 1/7/11 jdr

2687974



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.
- is ne

		Candidates who anticipate receiving or spending less than \$1000 in each of the Primary and General elections, exclusive of any fifees, may use this form to exempt themselves from filing reports of expenditures.	iling
		For exemption, a candidate must complete this Affidavit of Exemption and file it with the Douglas County Clerk's office nine (9) da before the primary election . Even if the candidate anticipates not being in a Primary Election, this form is due by the deadline to valid.	
		Once the form is filed it will exempt the candidate from filing the required Candidate's Itemized Receipts and Expenditures Report, due thirty (30) days after each applicable election. Records should still be maintained in case the expenditure limit is exceeded due election.	
		lame (Please Print) Zachariah N Brooks	
		address 1227 Maple St. Euclova KS 66025	
		lome Phone <u>785 - 865 - 6274</u> Business	
		Office Sought District Number (if applicable)	
٩f	fida	t: State of Kansas, County of Douglas	
, _		Zacharigh N Brooks, do swear (or affirm) that:	
	1.	he information listed above is true and correct;	
	2.	intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one nousand dollars (\$1000) in the Primary and General Election period, and	
	3.	intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggrega mount or value of less than one thousand dollars (\$1000) in the Primary and General Election period, and	ate
	4.	understand that the payment of my filing fee or the receipt of funds to pay my filing fee are not included in the limitation orth in paragraphs 2 & 3, and	ns set
	5.	intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one lousand dollars (\$1000) in the Primary and General Election period, and	
	6.	intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggrega mount or value of less than one thousand dollars (\$1000) in the Primary and General Election period, and	ate
	7.	contributions or expenditures made (actual or contractual) in excess of any of the amounts set above, I shall within the ays after the date of the election file the Candidates Itemized Statement of Receipts and Expenditures Report required S.A. 25-904(b)	irty d by
Sig	ınatı	e of Candidate $\frac{b-1-21}{b-1-21}$	1200 1800

S Subscribed and sworn before me, this Notary Public My appointment expires

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>	:			
Brooks	Zachariah	N		
Last Name	First Name	MI		
Brooks	Aubrey	L		
Spouse's Name				
1227 Maple Steet				
Number & Street Name	e, Apartment Nu	mber, Rural Route, or P.O. Box	Number	
Eudora, KS, 66025				
City, State, Zip Code 785-865-6274				
Home Phone			Business Phone	
B. OFFICE SOUGHT	, HELD OR AP	PPOINTED TO:		
		•		
List Name of Office				
Position	District			,
		CONTINUED ON NEXT I	PAGE	
Date received (Official u	ise only)			<u> </u>

Rev. 2001

Governmental Ethics Commission

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

		DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
· · · · · · · · · · · · · · · · · · ·	h		
	, , , , , , , , , , , , , , , , , , ,	***************************************	
	,		

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.} Faith Technologies			21800 West 167th Olathe Ks	Electrical Contractor
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.} Bright Beginnings			722 Ash St. Eudora KS	Preschool
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,} Zachariah	N. Brooks	, declare that this statement of substantial interests (including any
correct and com	plete statement of a	s) has been examined by me and to the best of my knowledge and belief is a true, all of my substantial interests and other matters required by law. I understand that the ment as required by law or intentionally filing a false statement is a class B
5/28/2021		Teil N Beecks
Date		Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0