Candidate's Declaration of Intention City/School Form CS

BALLOT INFORMATION:
1. Name - exactly as it will appear on the ballot (include ALL punctuation):
Eric Votaw
2. City:
Eudora
3a. Office sought 5 CHOOL BOARS 3b. District no. 491
3b. Districtno. 491
4. Term: Regular Unexpired
OFFICE INFORMATION:
5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5 10 21 7. Residential address (street or rural route) 2251 N. 1000 Rd.
7. Residential address (street or rural route) 2251 N. 1800 Rd. 8. City <u>Fudora</u> 9. County <u>Doubles</u> 10. Zip code <u>66025</u>
44.25 11 41.000000000000000000000000000000000
11. Mailing address (if different) 12. Telephone number: Home 785-979-5693 Work 785-979-5693
12. receptione number. Theme work work
CANDIDATE STATEMENT & SIGNATURE:
I declare that I intend to become a candidate for the above-stated office at the appropriate election.
A A AMA
Signature of Candidate
ATTESTATION:
County Election Officer Deputy Election Officer
or City Clerk
Pile same property of the same

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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 filling 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) Fric Votaw
Address 2251 N. 1000 Rd. EUNORA, KS 66025
Home Phone 785-979-5693 Business 785-979-5693
Office Sought SCHOOL BOARD District Number (if applicable) 491
vit: State of Kanṣas, County of Douglas
Eric D. Votaw, do swear (or affirm) that:
The information listed above is true and correct;
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
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
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
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
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
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) Date Date
ure of Candidate Date Date
Subscribed and sworn before me, this
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> :				
Votaw Eric D				
Last Name First Name MI				
ASHLI VOTAW				
Spouse's Name				
2251 N. 1000 Rs.				
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number				
EUDORA, KS 66025				
EUBORA, KS 66025 City, State, Zip Code 785-979-5693 785-979-5693				
Home Phone Business Phone				
B. OFFICE SOUGHT, HELD OR APPOINTED TO:				
EUDORA SCHOOL DISTRICT BOARD OF EDUCATION - #491				
List Name of Office				
SCHOOL BOARD #491 Position District				
Position District				
CONTINUED ON NEXT PAGE				
Date received (Official use only)				

Rev. 2001

Governmental Ethics Commission

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C. <u>OWNERSHIP INTERESTS:</u> 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 _____.

TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
Retirement Investment FIRM	MUTURI FUNISS- RETIRKMEN'T	Eek Vo Mu
FREIDHT BROKAAGE	Company STOCK	ELIC VOTAW
Public Retinement	RETARGENENT ACCT.	ASHLI Votaw
RETIREMENT INVESTMENT FLEM	RETIREMENT ACCY.	ASHU VOTAN
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	FIRM FREIDHT BROKKAGE FREIDHT BROKKAGE FIRM Public Retirement FUND RETIREMENT INVESTMENT	Retirement Investment Mutuan Funds- FIRM RETIREMENT FREIGHT BROKKAGE COMPANY STOCK Public Retirement RETIREMENT FUND RETIREMENT INVESTMENT RETIREMENT INVESTMENT RETIREMENT

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 __X_.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.			
2.			
3.			

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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 your barra mathin a to man out	in Continu IIIII about born
If you have nothing to report	in Section (b. 1. check here
ii , ou not nouning to report	in book in in it directs note .

	NAME OF BUSINESS		ADDRESS		ТҮРЕ О	F BUSINESS
1. Freigh	tquote.com by CHROB	inson	901 W. CARONSELRT DRIVE, 1	KCI	1064114	FREIGHT BROKERA

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. WELLSVIU	LEKS SCHOOL DISTRICT #289	602 WALNUT ST.	Weisvice, K	Purce School Teacher
2.	,		७७०००	

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. Eusona	USD #491	SCHOOL BOARD MEMBER	ERIC VOTAN
2.			
3.			
4.			
5.			

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a G. 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 X.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

DECLARATION: H.

I, Eric D. Vorgan	, declare that this statement of substantial interests (including any
accompanying pages and statements) h	as been examined by me and to the best of my knowledge and belief is a true,
correct and complete statement of all or	f my substantial interests and other matters required by law. I understand that
the intentional failure to file this stateme	nt as required by law or intentionally filing a false statement is a class B
misdemeanor.	

5/10/21	Em L'Hoteo	
Date	Signature of Person Making Statement	

Signature of Person Making Statement

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