

Candidate's Declaration of Intention

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FORM
CD

2753002

1 Ballot Information

Eric Hyde
Name (as it will appear on the ballot, including punctuation)

Lawrence, Kansas
City of Residence (as it will appear on the ballot)

City Commission
Office Sought

District No.

Party Nomination Sought: Democratic Republican Non-Party Term: Regular Unexpired

2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

3 Contact Information ! All information is public record

Select one: Mr. Ms. Mrs. Dr.

1805 W 27th St
Residential Address

Lawrence, ^{KS} Douglas 66046
City County Zip

Mailing Address (if different from residential address) City State Zip

Phone (optional) 785-766-1605 Cell Phone (optional) 785-766-1605

ebhyde@gmail.com
Email (optional) Website (optional)

4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 10-14-2020 ^{EH} 09-14-2020
Month Day Year

Eric Hyde
SIGN IN THIS BOX

ATTESTATION (for office use only)

Secretary of State or County Election Officer

Heath Dell
Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

Reset page

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name	Eric Hyde		
Street	1605 W 27th St		
City	Lawrence	County	Douglas
		Zip Code	66046
Home Telephone	785-766-1605	Business Telephone	785-766-1605
Office Sought	City Commission		District No.

TREASURER

Date Appointed	09-16-2020		
Name	ERIC HYDE		
Address	1605 W 27th St		
City	Lawrence	Zip Code	66046
Home Telephone	785 766 1605	Business Telephone	785 766 1605

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

SIGNATURE

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

09-14-2020

(Date)

Eric Hyde

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Print page

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:

Last-Name	First Name	MI
Hude	Eric	B
Spouse's Name		
1605 W 27th St		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Lawrence, KS, 66046		
City, State, Zip Code		
785-766-1605		785-766-1605
Home Phone		Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

List Name of Office	
City Commission	
Position	District
City Commission	

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.				
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.	ERT ER		
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.			
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.			

- 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, Eric Hyde, 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.

09-14-2020

Date

Eric Hyde

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF DOUGLAS

} ss.

I, Eric Hyde,
Print Name

(check one):

I am the circulator of this petition. I am qualified to circulate this petition and I personally witnessed the signing of the petition by each person whose name appears thereon.

I am the candidate

Eric Hyde
Signature

1605 W 27th St
Circulator's residence address

Subscribed and sworn to before me this 17 day of September, 2020.

(SEAL)

[Signature]
Person authorized to administer oaths

My appointment expires _____, 20 ____.

Kansas law states that a petition circulator is a person who is a U.S. citizen, at least 18 years of age, and has not been convicted of a felony, or if convicted of a felony has been pardoned or restored to such person's civil rights.