

City/School Form

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

**BALLOT INFORMATION:**

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

2. City:  
Lawrence

3a. Office sought City Commission

3b. District no. At Large

4. Term: Regular  Unexpired

*miltons123@aol.com*

**OFFICE INFORMATION:**

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed \_\_\_\_\_

7. Residential address (street or rural route) 3700 Trail Road

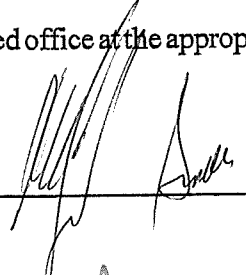
8. City Lawrence 9. County Douglas 10. Zip code 66049

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

12. Telephone number: Home 785-550-3700 Work \_\_\_\_\_

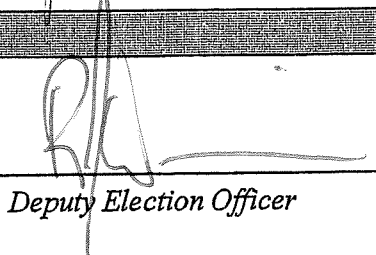
**CANDIDATE STATEMENT & SIGNATURE:**

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

  
 \_\_\_\_\_  
 Signature of Candidate

**ATTESTATION:**

\_\_\_\_\_  
 County Election Officer  
 or City Clerk

  
 \_\_\_\_\_  
 Deputy Election Officer

2715415

JUN 12 AM 11:01  
 DOUGLAS COUNTY CLERK

**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	Milton Scott		
Street	3700 Trail Road		
City	Lawrence	County	Douglas
		Zip Code	66049
Home Telephone	785-550-3700	Business Telephone	N/A
Office Sought	Lawrence City Commissioner		District No.

**TREASURER**

Date Appointed	06/01/2021		
Name	Zephrey Johnson		
Address	P.O. Box 17807		
City	Kansas City, Missouri	Zip Code	64134
Home Telephone	816-668-5126	Business Telephone	

**OR CANDIDATE COMMITTEE**

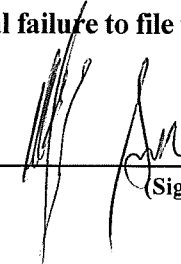
Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

**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."

06/01/2021

(Date)

  
 \_\_\_\_\_  
 (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**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:**

Scott Milton

Last Name First Name MI

Spouse's Name

3700 Trail Road

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Lawrence, KS 66049

City, State, Zip Code

785-550-3700

Home Phone

Business Phone

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

Lawrence City Commission

List Name of Office

City Commissioner / At-Large

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. 907 Madeline Lane Lawrence, KS 66049	Rental Property	Owner / Landlord	M. H. S. H.
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.	Douglas County Criminal Justice Services	330 Industrial Avenue, KS 66044	Juvenile Detention Center
2.	The Villages Inc	7240 SW 10 <sup>th</sup> Ave Topeka, KS 66615	Group Home

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.	Ninth St. Missionary Baptist Church 847 Ohio St. Lawrence, KS 66044	Trustee	Milton Scott
2.	Justice matters 901 Tennessee St. Lawrence, KS 66044	Treasurer	Milton Scott
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 .

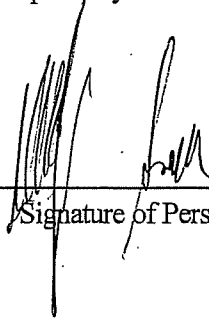
	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**H. DECLARATION:**

I, M. Iwan Scott, 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.

06/01/2021

Date



Signature of Person Making Statement

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