

65-10

Office of the Kansas Secretary of State **Form**
Candidate's Declaration of Intention CD

BALLOT INFORMATION:

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

Charles E. Branson

2. City - exactly as it will appear on the ballot (required by state law):

Lawrence

3a. Officesought District Attorney

3b. District no. 7

4. Party nomination sought:
Republican _____ Democrat X

5. Term: Regular X Unexpired _____

Judicial Candidates Only
(If applicable)

6. Position No. _____ Division No. _____
7. Elected _____ Retained _____

MAILING INFORMATION: (All information is public record)

8. Indicate preferred title: Mr. Mrs. Ms. 9. Date filed 6/1/2004

10. Residential address 1027 Rhode Island

11. City Lawrence 12. County Douglas 13. Zip code 66044

14. Mailing address (if different) _____

15. Telephone: Home 785-832-1893 Work 785-749-5997 Fax 785-749-5007

16. Website Address www.bransonforda.com E-mail Address charles@bransonforda.com

CANDIDATE STATEMENT & 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.

Charles E. Branson
Signature of Candidate

06-01-2004	11:08:00
065	\$1058.00
2617	01

ATTESTATION:

Secretary of State
or County Election Officer

Brid Bryant
Assistant Secretary of State
or Deputy County Election Officer

Notary

(applicable only for precinct committeeman or committeewoman)

RECEIVED
DOUGLAS COUNTY CLERK
LAWRENCE, KANSAS
JUN - 9 - 2004 10:31 AM



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION: PLEASE TYPE OR PRINT

Branson Charles Edward

Last Name

First Name

MI

Kathryn Renee Branson

Spouse's Name

1027 Rhode Island

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

Lawrence, Kansas 66044

City, State, Zip Code

785-832-1893

785-749-5997

Home Phone Number (include area code)

Business Phone Number (include area code)

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:*(check one or more of the following)*

1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
2. Appointed Member of a State Board, Council, Commission or Authority;
3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University;
5. General Counsel for a State Agency;
6. Candidate for State Office.
7. Other (Contractor / Member of Compact)

Douglas County District Attorney

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

District Attorney

Division if applicable (May use acronyms)

Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

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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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.	Law Offices of Charles E. Branson 1046 New Hampshire, Lawrence, Kansas	legal practice	owner	100	self
2.	KPERS 611 S. Kansas Ave. Suite 100, Topeka, Kansas	investment	retirement funds	N/A	spouse
3.	T. Rowe Price 100 E. Pratt St. Baltimore, MD 21202	investment	Roth IRA	N/A	self
4.					
5.					
6.					
7.					
8.					
9.					
10.					

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

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 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 SAME AS SECTION "B", CHECK HERE ____.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Law Office of Charles E. Branson	1046 New Hampshire, Lawrence, KS	Law Practice
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.	USD497	110 McDonald Drive, Lawrence, KS	Unified School District
2.			

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of 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 page 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.	Douglas County Bar Association P.O. Box 1966, Lawrence, Kansas 66044	Vice President	self
2.	Judge Hugh Means American Inn of Courts 1046 New Hampshire, Lawrence, Kansas 66044	Treasurer	self
3.	Kansas Trial Lawyers Association 719 SW Van Buren, Topeka, Kansas 66603	Board of Governors	self
4.			
5.			
6.			
7.			
8.			

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays 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 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 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 page if necessary to complete this section.

If you have nothing to report in Section "G", check here ____.

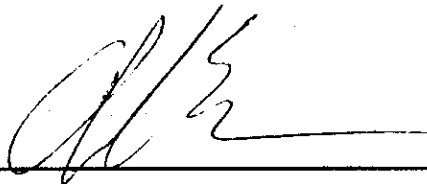
	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.	Law Offices of Charles E. Branson	1046 New Hampshire, Lawrence, KS	self
2.	USD497	110 McDonald Drive, Lawrence, KS	spouse
3.	Douglas County Kansas	1100 Massachusetts St., Lawrence, K	self
4.	State Bd. of Indigents' Defense Services	714 SW Jackson, Topeka, KS 66603	self
5.	Hyatt Legal Plans	1111 Superior Ave., Cleveland, OH 44	self
6.	Gilliand & Hayes, PA	900 Massachusetts St., Lawrence, KS	self
7.	City of Eudora, Kansas	4 East 7th, Eudora, Kansas 66025	self
8.			
9.			
10.			
11.			
12.			
13.			

H. DECLARATION:

I, Charles Edward Branson, 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.

May 27, 2004

Date



Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 66612-1594.