

Due By MAY 27

**AFFIDAVIT OF EXEMPTION  
FROM FILING RECEIPTS AND EXPENDITURES REPORTS  
BY A CANDIDATE FOR CITY OFFICE**

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for city office who qualifies for the exemption. **IT MUST BE FILED WITH THE COUNTY ELECTION OFFICER, IN THE COUNTY IN WHICH THE CANDIDATE IS ON THE BALLOT, PRIOR TO JULY 26, 2021.** If a candidate qualifies for this exemption, he or she still must appoint a treasurer or candidate committee and the treasurer must maintain the required records. (K.S.A. 25-4144) See reverse for examples.

PLEASE PRINT OR TYPE

A. Name of Candidate SHAWN PEARSON  
Address 1920 MASSACHUSETTS ST City LAWRENCE Zip Code 66046  
Home Telephone 785-840-8110 Business Telephone \_\_\_\_\_  
Office Sought CITY COMMISSION District No. \_\_\_\_\_

B. Affidavit:  
State of Kansas )  
County of \_\_\_\_\_ )

I, SHAWN PEARSON, do swear (or affirm) that:

1. The information in Item A above is true and correct;
2. 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
3. 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
4. I understand that the payment of my filing fee, or the receipt of funds to pay my filing fee, is not included in the limitations set forth in paragraphs 2 & 3; and
5. 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
6. 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 general election period; and
7. If contributions are received or expenditures made (actual or contractual) in excess of any of the amounts set out above, I shall within three (3) days of the date of such excess file all past due Receipts and Expenditures Reports and shall file all such future reports on the dates required by K.S.A. 25-4148. (K.S.A. 25-4174)

5/17/21  
(Date)

[Signature]  
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 17 day of MAY, 20 21

[Seal]  
(Seal)

[Signature]  
(Notary Public)

My Appointment Expires \_\_\_\_\_, 20 \_\_\_\_\_

# Candidate's Declaration of Intention



### 1 Ballot Information

SHAWN PEARSON  
Name (as it will appear on the ballot, including punctuation)

LAWRENCE  
City of Residence (as it will appear on the ballot)

CITY COMMISSION  
Office Sought

District No.

Party Nomination Sought:  Democratic  Republican Term:  Regular  Unexpired

### 2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No. District Magistrate Judge Position No.

### 3 Contact Information 1 All information is public record

Select one:  Mr.  Ms.  Mrs.  Dr.

1920 MASSACHUSETTS ST  
Residential Address

LAWRENCE KS 66046  
City County Zip

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

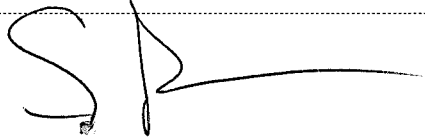
Phone (optional) 785 840 8110 Cell Phone (optional) \_\_\_\_\_

shawn.pearson.14@gmail.com Website (optional) \_\_\_\_\_  
Email (optional)

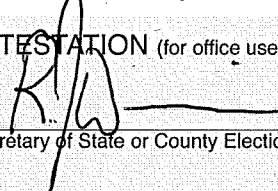
### 4 Candidate Signature

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 05/17/2021  
Month Day Year

  
SIGN IN THIS BOX

### ATTESTATION (for office use only)

  
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

MAY 17 PM 4:41  
DOUGLAS COUNTY CLERK

3626519

Due By MAY 27

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	SHAWN PEARSON		
Street	1920 MASSACHUSETTS ST.		
City	Lawrence	County	KS
Zip Code	66046		
Home Telephone	785-840-8110	Business Telephone	
Office Sought	City Commission		District No.

TREASURER

Date Appointed	
Name	
Address	
City	Zip Code
Home Telephone	Business Telephone

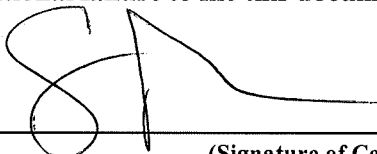
OR CANDIDATE COMMITTEE

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."

5/17/21  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS