



Paola City Hall - 19 E Peoria - 913-259-3600

On November 4, 2025, a general election will be held for the following positions on the Governing Body for the City of Paola:

Mayor
City Council Member – Ward 1
City Council Member – Ward 3

An individual seeking elected city office must be a “qualified elector”. This means that the individual must be a registered voter within the city (and within the particular Ward) at the time of the election. (K.S.A. 14-109; and Attorney General Opinion No. 90-66)

In this package you will find the following information:

- Candidates Declaration of Intention - Form CS
- Kansas Non-Partisan City/School Nomination Petition – Form CP (Only to be completed in lieu of paying the \$20 filing fee-50 valid signatures required.)
- Affidavit of Exemption from filing receipts and expenditures reports by a candidate for City/County Office.
- Statement of Substantial Interests for Local Office
- Ward Boundary Map

Please take time to read over all this information. Once completed, please return the following completed forms to the **Miami County Clerk's Office no later than 12:00 noon on June 2, 2025.**

- ✓ Candidates Declaration on Intention
- ✓ \$20 filing fee OR the Kansas Non-Partisan City/School Nomination Petition
- ✓ Affidavit of Exemption from filing receipts and expenditures reports by a candidate for City/County Office.
- ✓ Statement of Substantial Interests for Local Office.

Please note that if you spend more than \$1000 on your campaign, you must file a Receipts and Expenditures Report with the Miami County Clerk's Office within 30 days after the election.

The General Election will be held on Tuesday, November 4, 2025 and if more than three candidates file for any one position, a Primary Election would be held on Tuesday, August 5, 2025.

Thank you for your interest in serving as an elected official for the City of Paola. If you have any questions, please feel free to contact Laura Epp, Miami County Clerk at 913-294-3976 or Stephanie Marler, Paola City Clerk at City Hall at 259-3600.

CS

KANSAS SECRETARY OF STATE
**City/School Candidate's
Declaration of Intention**

1. Name

List exactly as it will appear on ballot, including all punctuation.

2. City**3a. Office sought****3b. District Number****4. Term** Regular Unexpired**5. Preferred title**

Used for mailing purposes.

 Mr. Mrs. Ms. Dr.**6. Residential address**

Provide a street or rural route.
Do not leave blank.

Address

City	County	Zip
------	--------	-----

7. Mailing address

Complete if mailing address is different from above.

Address

City	State	Zip
------	-------	-----

8. Telephone number

Home	Work	Cell
------	------	------

9. Email address**10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.**

Signature of Candidate

X

County Election Officer or City Clerk

X

**Today's
Date:**

Mo.

Day

Yr.

Deputy Election Officer

X

SSI Instruction, Guide & Form

Definitions

“Business” means any corporation, association, partnership, proprietorship, trust, joint venture, and every other business interest, including ownership or use of land for income.

“Candidate for Local Office” means any candidate for nomination or election to any elective office of a governmental subdivision.

“Compensation” means any money, thing of value or economic benefit conferred on, or received by, any person in return for services rendered, or to be rendered, by that person or another.

“Governmental Subdivision” means any city, county, township, school district, drainage district or other governmental subdivision of the state having authority to receive or hold public moneys or funds.

“Preceding Calendar Year” has its usual meaning, except that in the case of candidates and individuals newly appointed to office or employment, it means the 12 months immediately preceding a required filing date.

Who Shall File and When

Statement of substantial interests shall be filed by the following individuals at the time specified:

- By a candidate for local office who becomes a candidate on or before the filing deadline for the office, not later than 10 days after the filing deadline, unless before that time the candidacy is officially declined or rejected.
- By a candidate for local office who becomes a candidate after the filing deadline for that office, within five days of becoming a candidate, unless within that period the candidacy is officially declined or rejected.
- By an individual appointed between January 1 and April 30 to fill a vacancy in an elective office of a governmental subdivision, between April 15 and April 30, inclusive of that year.
- By an individual appointed after April 30 of any year to fill a vacancy in elective office of a governmental subdivision, within 15 days after the appointment.
- By an individual holding an elective office of a governmental subdivision, between April 15 and April 30, inclusive, of any year if, during the preceding calendar year, any change occurred in the individual’s substantial interests.

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
Spouse's Name		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
City, State, Zip Code		
Home Phone		Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

List Name of Office	
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.				
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.			
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, _____, 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.

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

This form used by Second and Third Class City, Unified School District, Community College and Township Office **only**.

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR _____ 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 the above candidate for _____ office who qualifies for the exemption. It must be filed with your County Election Officer on or before _____ . (Not later than ten (10) days after becoming a candidate.) These candidates need not appoint a treasurer, but must maintain records required by K.S.A. 25-904. See reverse for examples. **Please print or type.**

A. Name of Candidate _____

Street Address _____ City _____ Zip Code _____

Home Telephone _____ Business Telephone _____

Office Sought _____ District No. _____
B. Affidavit:

I, _____, 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 are 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. 25-905.

(Date)

(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20____.

(Seal)

(Notary Public)

My Appointment Expires _____, 20____.

**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 _____

Address _____ City _____ Zip Code _____

Home Telephone _____ Business Telephone _____

Office Sought _____ District No. _____

B. Affidavit:
State of Kansas _____)
County of _____)

I, _____, 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)

_____ (Date)

_____ (Signature of Candidate)

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20 _____

_____ (Notary Public)

(Seal)

My Appointment Expires _____, 20 _____

- Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractual) of more than \$1,000 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-4148.
- Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.
- Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000 in each the primary and general election period; however, the \$1,000 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,
PLEASE CONTACT THE
GOVERNMENTAL ETHICS COMMISSION
901 S. Kansas Avenue
Topeka, Kansas 66612
Office (785) 296-4219
Fax (785) 296-2548

Kansas Non-Partisan City/School Nomination Petition

Form
CP

I, the undersigned, an elector of the appropriate election district, county of _____, and state of Kansas, and a duly registered voter, hereby nominate _____, who resides at _____, in the county of _____, (Number and street or RR) (City) and state of Kansas, as a candidate for the regular term / unexpired term for the office of _____, (Name office specifically) of _____, (Name of city or school district number) state of Kansas, at the election to be held on November _____, 20 ____.

	Signature of Signer	Name of Signer (Print)	Street number or rural route	Name of City	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF _____

} ss.

I, _____ ,

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

Signature

Circulator's residence address

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

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.

GUIDE FOR STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

DEFINITIONS

“Business” means any corporation, association, partnership, proprietorship, trust, joint venture, and every other business interest, including ownership or use of land for income.

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WHO SHALL FILE AND WHEN

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2. By a candidate for local office who becomes a candidate after the filing deadline for that office, within five days of becoming a candidate, unless within that period the candidacy is officially declined or rejected.
3. By an individual appointed between January 1 and April 30 to fill a vacancy in an elective office of a governmental subdivision, between April 15 and April 30, inclusive of that year.
4. By an individual appointed after April 30 of any year to fill a vacancy in elective office of a governmental subdivision, within 15 days after the appointment.
5. By an individual holding an elective office of a governmental subdivision, between April 15 and April 30, inclusive, of any year if, during the preceding calendar year, any change occurred in the individual's substantial interests.

Additional information or assistance may be obtained by contacting the Governmental Ethics Commission, 109 SW 9th, Suite 504, Topeka, KS 66612. Phone 785-296-4219

SECTION GUIDE TO FORM

- A-B **NAME & POSITION:** Self explanatory.
- C. **OWNERSHIP INTERESTS:** The value or percentage of a business interest is to be determined at the time of the required filing. The value assigned to a holding is the fair market value. Ownership of stocks and shares, including traded and closely held stocks shall constitute legal or equitable interests for the purpose of this section. In addition, all retirement accounts and mutual funds must be listed. In reporting retirement accounts and mutual funds, include the name of the entity that holds the retirement plan assets or mutual funds and not the specific holdings of that plan, unless the holdings are specifically owned in the individual's name. (See Governmental Ethics Commission Opinion 2000-52.) Business interests include, among other things, property held for rental, farming, commercial purposes and ownership of mineral rights. Also included are businesses operated out of your home. The address reported for land without a street address should include the rural route, town and state or township, county and state. **For the purpose of this section, certificates of deposit, bank savings or checking accounts in a savings and loan, shares in a credit union, life insurance policies, annuities which are not part of a retirement plan, notes, bonds, debentures and mortgages need not be disclosed under this provision.**
- D. **GIFTS IN THE FORM OF GOODS OR SERVICES:** If a gift is received for which the value is unknown, you are required to list the donor. You are not required to list the donor of a gift (1) if the gift or bequest was received as the result of the death of the donor; (2) if the gift was from a spouse, parent, grandparent, sibling, aunt or uncle; or (3) if acting as a trustee of a trust for the benefit of another.
- E. **COMPENSATION:** The disclosure required under this section shall include the name and address of the business or combination of businesses, the type of business and a description of whether the compensation was received by the individual, the individual's spouse, or both. The receipt of interest, dividends and mineral royalties does not constitute "compensation" as defined in K.S.A. 75-4301a(i), and those matters need not be reported under this provision; however, ownership interests concerning these items may need to be reported under section "C".
- F. **OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** The disclosure under this section shall include the name and address of the business or organization and the position held. A person holding the position of administrator or executor of an estate shall not be considered reportable under this section. The holding of a position of officer or director of an organization or business includes for profit and nonprofit organizations.
- G. **RECEIPT OF FEES AND COMMISSIONS:** The disclosure under this section shall include the name and address of the client or customer and a description of whether the fees or commissions were received by the individual, the individual's spouse, or both. 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.

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
<hr/>		
Spouse's Name		
<hr/>		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
<hr/>		
City, State, Zip Code		
<hr/>		<hr/>
Home Phone		Business Phone
<u>B. OFFICE SOUGHT, HELD OR APPOINTED TO:</u>		
List Name of Office		

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.			
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, _____, 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.

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

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
Spouse's Name		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
City, State, Zip Code		
Home Phone		Business Phone
B. <u>OFFICE SOUGHT, HELD OR APPOINTED TO:</u>		
List Name of Office		

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.			
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, _____, 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.

Date

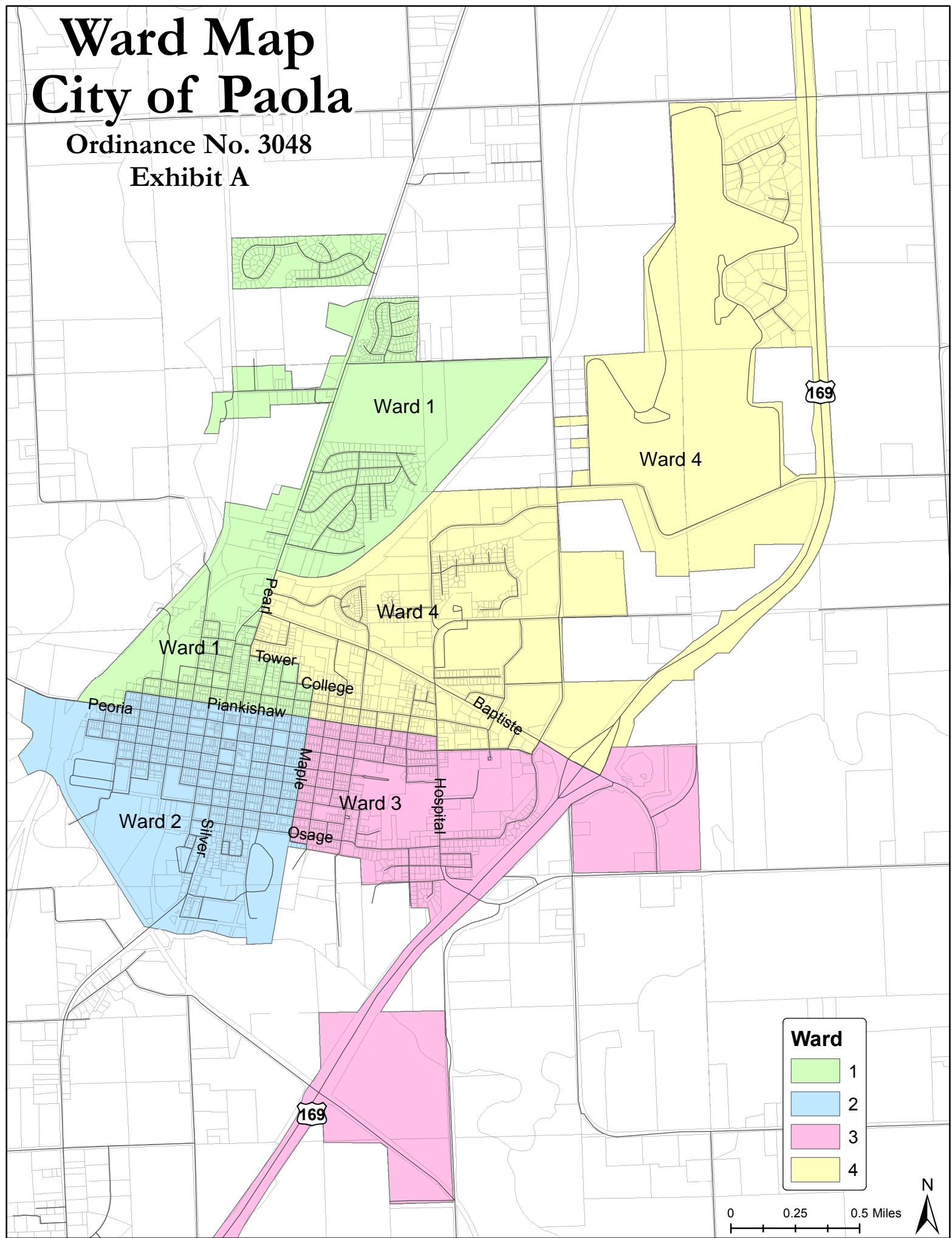
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

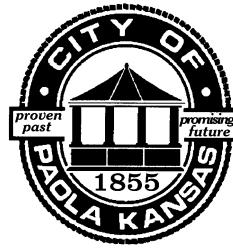
Ward Map City of Paola

Ordinance No. 3048

Exhibit A



City of Paola, Kansas



Political Campaign Sign Regulations

Pursuant to K.S.A. 25-2711

- ❖ A sign permit is not required for political signage.
- ❖ Political signs shall not exceed four (4) square feet in area.
- ❖ Political signs shall not be displayed more than 45 days preceding an election and 2 days following an election.
- ❖ No sign shall block any required access-way or window.
- ❖ No sign shall be maintained in any location where by reason of its position, location, size, shape or color will interfere with traffic or be confused as a traffic sign.
- ❖ No sign shall be placed in a sight triangle.
 - As a general rule, signs placed in medians, street corners and the areas between a sidewalk and the street curb may be considered to be in a sight triangle.
 - Signs should be placed 20 feet back from the street curb. On corner lots, this 20 foot setback applies to both streets.

Thank you for your cooperation. If you have any questions regarding the placement of your campaign signs, please feel free to contact the Community Development department at 259-3611.