

**KANSAS GOVERNMENTAL ETHICS COMMISSION
FINANCIAL HARDSHIP DECLARATION**

Instructions

This declaration must be submitted with the Waiver Request Form to be considered for a Financial Hardship waiver of civil penalties. THIS FORM IS A PUBLIC DOCUMENT AND WILL BE INCLUDED IN PUBLIC MEETING MATERIALS. ANY PERSONALLY IDENTIFIABLE INFORMATION WILL BE REDACTED TO THE FULLEST EXTENT ALLOWED BY LAW, PURSUANT TO K.S.A. 45-215 THROUGH K.S.A. 45-223. The intentional filing of false information on this form is a class A misdemeanor.

Name	Position
Associated Organization, Office Sought, or Lobbying Client(s)	

All monetary amounts listed below must be provided.

I. Income

Monthly Income: \$ _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Check Here if You Are Self-Employed: If you are self-employed, please provide the following information.

Business Name: _____

Business Address: _____

II. Expenses

Monthly Housing (Rent or Mortgage): \$ _____

Other Monthly Expenses: \$ _____

III. Other Resources

\$ _____

Other Pertinent Financial Information

I swear, or affirm, under penalty of perjury, that the foregoing information is true and correct and I am unable to pay the civil penalties imposed by K.S.A. Chapters 25 or 46 due to my financial hardship. Further, I understand that that some or all information included on and with this declaration may be made publicly available under the Kansas Open Records Act (K.S.A. 45-215 through K.S.A. 45-223).

Executed in _____ County, State of _____, on the _____ day
of _____, 20____.

Signature