

KANSAS GOVERNMENTAL ETHICS COMMISSION

WAIVER REQUEST FORM

Instructions

To be considered for a waiver request, this form and supplemental documentation must be completed and submitted within thirty (30) days of the assessment order pursuant to K.A.R. 19-4a-1. THIS FORM IS A PUBLIC DOCUMENT AND WILL BE INCLUDED IN PUBLIC MEETING MATERIALS. ANY PERSONAL IDENTIFYING INFORMATION WILL BE REDACTED TO THE FULLEST EXTENT REQUIRED 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.

Waiver is granted if:

- No activity during the reporting period.
- Previous compliance or being a first-time filer.
- No longer with the committee, campaign, or organization.
- Loss of primary or withdrawal of candidacy.

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

Please select the appropriate form or report.

- Appointment of Treasurer (Candidate or Candidate Committee)
- Statement of Organization (Political Action or Party Committee)
- Receipts & Expenditures Report (Candidate or Committee)
- Employment & Expenditures Report (Lobbyist)
- Registration (Political Action Committee or Lobbyist)
- Statement of Substantial Interests (Public Officials)

FOR OFFICE USE ONLY
Report Due
Failure to File Notice Sent
Report Received
Date Assessed
Amount Assessed

Please select all that apply and provide an accompanying explanation in the space provided.

Categories of Good Cause	Supplemental Documentation Examples
<u>Medical Circumstances</u> of a person essential to filing or their immediate family member that caused the delay in filing.	Doctor's statement with date(s), hospital bills, police incident report, death certificate/obituary, etc.
<u>Financial Hardship</u> - the assessed civil penalty creates an undue financial burden.	The financial hardship declaration <u>must</u> be completed.
<u>Natural Disaster or Theft</u> making timely filing impossible due to the unavailability of records.	Police incident, fire, or insurance report(s) with dates provided and the details of the loss or damage.
<u>Other Unique Circumstances</u> not previously mentioned that did not arise from the filer's delay or negligence.	Any documentation that will substantiate the reason as to why the filing was delayed.

Additional Explanation

I swear, or affirm, under penalty of perjury, that the foregoing information is true and correct. Further, I understand that some or all of the 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

Submitting the Form

This form and related documents may be emailed to KGEC_Ethics@ks.gov or mailed/delivered to:
Kansas Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612

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