

APPOINTMENT OF

FILED

MAY 06 2008

RON THORNBURGH
SECRETARY OF STATE

CANDIDATE

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

Initial Appointment (Check one)



Initial Appointment



Amended Statement

(Please Type or Print)

| | | | |
|----------------|-------------------------------------|--------------------|------------------------|
| Name | STEVE E. ROBERTS | | |
| Street | 6017 WEST 124 TH TERRACE | | |
| City | OVERLAND PARK | County | JOHNSON Zip Code 66209 |
| Home Telephone | 913-469-1894 | Business Telephone | 816-721-3670 |
| Office Sought | STATE SCHOOL BOARD | | District No. 2 |

TREASURER

| | | | |
|----------------|-------------------|--------------------|--------------|
| Date Appointed | MAY 6, 2008, A.D. | | |
| Name | SHARON S KHOURY | | |
| Address | 11912 PAWNEE LANE | | |
| City | LEAWOOD, KS | Zip Code | 66209 |
| Home Telephone | 913-339-6401 | Business Telephone | 913-636-6402 |

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."

May 6, 2008
(Date)

Steve E. Roberts
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS