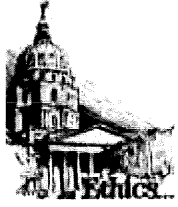


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate**

Candidate Name: **Connie O'Brien**

Address: **22123 211th**

Address2:

City: **Tonganoxie** Zip: **66086**

Home Phone: **(913) 706-2396** Business Phone: Cell Phone:

County: **Leavenworth** Email Address: **edconob@gmail.com**

Office Sought: **State Board of Education** District No.: **4**

**Treasurer**

Date Appointed: **06/20/2024**

Treasurer Name: **Edward O'Brien**

Address: **22123 211th**

Address2:

City: **Tonganoxie** State: **KS** Zip: **66086**

Home Telephone: **(913) 593-1184** Business Phone: Cell Phone:

Email Address: **edconob@gmail.com**

**Candidate  
Committee**

Date Appointed:

Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

**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.**

Executed on:

Date: **7/25/2024 10:31:37 AM** Signature of Candidate: **Connie O'Brien**

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM**

RECEIVED

JUN 10 2024

KS Governmental Ethics Commission

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name <i>Connie O'Brien</i>	
Mailing Address <i>22123 211<sup>th</sup> Street</i>	
City <i>Tonganoxie</i> County <i>Leavenworth</i>	Zip Code <i>66086</i>
Telephone <i>913-706-2396</i>	Email
Office Sought <i>State Board of Education</i>	District No. <i>4</i>

**TREASURER**

Date Appointed <i>June 7, 2024</i>	
Name <i>Edward O'Brien</i>	
Mailing Address <i>22123 211<sup>th</sup> Street</i>	
City <i>Tonganoxie</i>	Zip Code <i>66086</i>
Telephone <i>913-593-1184</i>	Email <i>edconob@gmail.com</i>

**OR CANDIDATE COMMITTEE**

Date Appointed	
Chairperson's Name	
Mailing Address	
City	Zip Code
Telephone	Email
Treasurer's Name	
Mailing Address	
City	Zip Code
Telephone	Email

**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."

*June 7, 2024*  
(Date)

*Connie O'Brien*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS