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

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

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

**Candidate**

Candidate Name: **John Rubin**  
Address: **13803 W 53rd ST**  
City: **Shawnee** Zip: **66216**  
Home Phone: **9139624295** Business Phone: **9135584967** Cell Phone: **9135584967**  
County: **Johnson** Email Address: **rubinshaw@aol.com**  
Office Sought: **State Representative** District No.: **18**

**Treasurer**

Date Appointed: **01/03/2009**  
Treasurer Name: **John Rubin**  
Address: **13803 W 53rd ST**  
City: **Shawnee** State: **KS** Zip: **66216**  
Home Telephone: **9139624295** Business Phone: Cell Phone: **9135584967**  
Email Address: **rubinshaw@aol.com**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

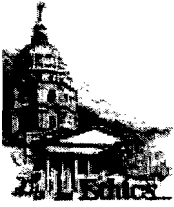
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **1/3/2009 2:05:27 PM** Signature of Candidate: **John J. Rubin**

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**Candidate**

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Home Phone: **9139624295** Business Phone: **9135584967** Cell Phone: **9135584967**  
County: **Johnson** Email Address: **rubinshaw@aol.com**  
Office Sought: **State Representative** District No.: **18**

**Treasurer**

Date Appointed: **02/15/2008**  
Treasurer Name: **Gerald Lamberti**  
Address: **2901 W 66th ST**  
City: **Mission Hills** State: **KS** Zip: **66208**  
Home Telephone: **9136774711** Business Phone: Cell Phone:  
Email Address: **lambertigk@aol.com**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
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: **7/23/2008 1:13:21 PM** Signature of Candidate: **John J. Rubin**

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FILED

FEB 15 2008

ROBERTSON  
SECRETARY OF STATE

## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM

## FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)



Initial Appointment



Amended Statement

### CANDIDATE

(Please Type or Print)

Name	JOHN J. RUBIN		
Street	13803 W. 53RD ST.		
City	SHAWNEE	County	JOHNSON Zip Code 66216
Home Telephone	913-962-4295	Business Telephone	913-558-4967 (CELL)
Office Sought	STATE REPRESENTATIVE		District No. 18TH

### TREASURER

Date Appointed	FEBRUARY 15, 2008		
Name	GERALD F. LAMBERTI		
Address	2901 W. 66TH ST.		
City	MISSION HILLS	Zip Code	66208
Home Telephone	(913) 677-4711	Business Telephone	SAME

### 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."

2/15/08  
(Date)

John J. Rubin  
(Signature of Candidate)

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