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 Connie O'Bri	en
Street 22123 2114	Street
City Tonganoxie	County LV Zip Code 66086
Home Telephone 9/3 - 369- 2	2933 Business Telephone 9/3-706 - 2396
Office Sought State House	of Representative District No. 42nd
TREASURER	
Date Appointed 5-12-20	08
Name Medeane Kni	3 0
Address 17350 190 5	treet
City Tonganoxie	Zip Code (ala DS 6
Home Telephone 9/3 - 369 - 3 :	387 Business Telephone 9/3 - 369 - 285/
OR CANDIDATE COMMIT	קרים[יידי
Date Appointed	1.E.E.
Chairperson's Name	A CONTRACTOR OF THE CONTRACTOR
Address	
	7in Codo
City Town Tolonkons	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	· · · · · · · · · · · · · · · · · · ·
Address	
City	Zip Code
Home 1 elepnone	Business Telephone
Home Telephone IGNATURE I declare that this statement has b	Business Telephone een examined by me and to the best of my knowledge and belief is t
	that the intentional failure to file this document or intentionally filing
5/13/2008	Connie OBrien
(Date)	(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000