

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 <u>John C. Wilson</u>		
Street <u>4700 W 27th St. Apt. PP-5</u>		
City <u>Lawrence</u>	County <u>Douglas</u>	Zip Code <u>66047</u>
Home Telephone <u>580-284-9145</u>	Business Telephone <u>580-284-9145</u>	
Office Sought <u>Kansas State Representative</u>	District No. <u>45</u>	

TREASURER

Date Appointed <u>June 10, 2008</u>		
Name <u>Julia Gaughan</u>		
Address <u>304 Stetson Circle</u>		
City <u>Lawrence</u>	Zip Code <u>66049</u>	
Home Telephone <u>785-248-6184</u>	Business Telephone <u>816-421-4400</u>	

OR CANDIDATE COMMITTEE

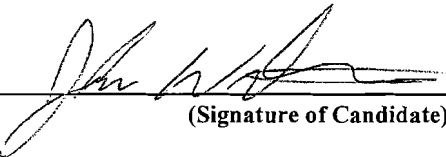
Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

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."

6/10/08

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS