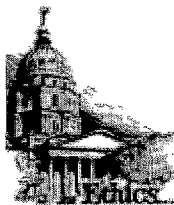


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Cecil Washington Jr**  
Address: **1443 SE 43 ST**  
City: **Topeka** State: Zip: **66609**  
Home Phone: **7852671545** Business Phone: Cell Phone:  
County: **Shawnee** Email Address: **ctwashingtonjr@gmail.com**  
Office Sought: **State Representative** District No.: **53**

**Treasurer**

Date Appointed: **06/16/2008**  
Treasurer Name: **Robert Hannibal**  
Address: **5043 SW 26 ST**  
City: **Topeka** State: **KS** Zip: **66614**  
Home Telephone: **7852724924** Business Phone: Cell Phone:  
Email Address: **Bhannibal@cpls.org**

**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: **6/16/2008 6:39:46 PM** Signature of Candidate: **Cecil T. Washington Jr.**

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