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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

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

Candidate

Candidate Name: **Raj Goyle**
Address: **214 S Lochinvar ST**
City: **Wichita** Zip: **67207**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**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: **7/28/2008 3:03:00 PM** Signature of Candidate: **Raj Goyle**

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Candidate

Candidate Name: **Raj Goyle**
Address: **214 S Lochinvar ST**
City: **Wichita** Zip: **67278**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
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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: **7/28/2008 2:20:48 PM** Signature of Candidate: **Raj Goyle**

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

Candidate

Candidate Name: **Raj Goyle**
Address: **S PO Box 780971**
City: **Wichita** Zip: **67278**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**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: **7/27/2008 12:46:56 PM** Signature of Candidate: **Raj Goyle**

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Candidate

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Address: **S ST Box 780971**
City: **Wichita** Zip: **67278**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**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: **7/25/2008 1:07:05 PM** Signature of Candidate: **Raj Goyle**

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Candidate

Candidate Name: **Raj Goyle**
Address: **214 S Lochinvar ST**
City: **Wichita** Zip: **67207**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**Candidate
Committee**

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

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Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

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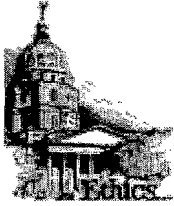
Executed on:

Date: **7/23/2008 12:00:16 PM** Signature of Candidate: **Raj Goyle**

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Topeka, KS 66612
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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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

Candidate

Candidate Name: **Rajeev Goyle**
Address: **214 S Lochinvar ST**
City: **Wichita** Zip: **67207**
Home Phone: Business Phone: Cell Phone: **3169929902**
County: **Sedgwick** Email Address: **raj@rajforkansas.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **04/01/2006**
Treasurer Name: **Karen Combs**
Address: **147 N Belmont PL**
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kcombs3@cox.net**

**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:

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Executed on:

Date: **7/1/2008 5:43:49 PM** Signature of Candidate: **Rajeev Goyle**

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APR 04 2006

RON THORNBURGH
SECRETARY OF STATE

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

RECEIVED

MAR 31 2006

This is an (Check one)



Initial Appointment



Amended Statement

Governmental Ethics Commission
109 WEST 9TH STREET
TOPEKA, KANSAS 66612

CANDIDATE

(Please Type or Print)

Name	RAJ GOYLE		
Street	214 S. LOCHINVAR		
City	WICHITA	County	SEDGWICK Zip Code 67207
Home Telephone	316 992 9902	Business Telephone	—
Office Sought	STATE HOUSE		District No. 37

TREASURER

Date Appointed			
Name	KAREN COMBS		
Address	147 N. BELMONT		
City	WICHITA	Zip Code	67208
Home Telephone	316 683 6184	Business Telephone	

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."

3/31/06

(Date)

RS

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS