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Educe.	Campaign Finance Appointment of Treasurer or Candidate Committee Form For Candidate For State OfficeGovernmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics
Candidate	This is an (Check one)Initial AppointmentAmended StatementCandidate Name:Mitch HolmesAddress: 211 SW 20th AVECity: St John Zip: 67576Home Phone: 6202345834Business Phone: 7852967631Cell Phone: 6203884030County: StaffordEmail Address: rep@mitchholmes.comOffice Sought: State RepresentativeDistrict No.: 114
Treasurer	Date Appointed: 06/23/2004 Treasurer Name: Carl Hildebrand Address: 594 NE 20th ST City: Stafford State: KS Zip: 67578 Home Telephone: 6202346983 Business Phone: 6202346983 Cell Phone: 6205464713 Email Address: kssodbuster@gmail.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:
	statement has been examined by me and to the best of my knowledge and belief is true, blete. I understand that the intentional failure to file this document or intentionally filing a false

document is a class A misdemeanor.

Executed on:

Date: 10/22/2008 9:13:54 AM Signature of Candidate: Mitch Holmes

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	Date Appointed: Treasurer's Name: Address: City: State: Zip: Home Telephone: Business Phone: Cell Phone: Email Address:
correct and comp	s statement has been examined by me and to the best of my knowledge and belief is true, plete. I understand that the intentional failure to file this document or intentionally filing a false

document is a class A misdemeanor.

Executed on:

Date: 10/22/2008 9:01:17 AM Signature of Candidate: Carl Hildebrand

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LED	APPOINTMENT OF ASURER OR CANDIDATE COMMITTEE FORM
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JUN - EMEURE	FOR CANDIDATE FOR STATE OFFICE - Govenne 18
ON THOMAS CHAINE	FOR CANDIDATE FOR STATE OFFICE Tog Wantal Ethic TOPER'S TOPER'S CON
This	s is an (Check one) Initial Appointment Amended Statement
CANDIDATE	(Please Type or Print) (Please Type $(Please Type)$
Name MITCH	
Street 211 SE	
City ST JCHN	
	20-234-5834 Business Telephone 626-793-8473 ×768
	TTE REPRESENTATIVE District No. 1/4
TREASURER	
Date Appointed	14/04
Name CARL HI	CDEBRAND
Address RT /	
City STAFFORD	Zip Code 67578
	20-234-6983 Business Telephone 620-234-6983
OR CANDIDA	TE COMMITTEE
Date Appointed	
Chairperson's Name	3
Address	
City	Zip Code
5	Business Telephone
Home Telephone	
Home Telephone	
Home Telephone Treasurer's Name	Zip Code

"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."

(Date)

Utchell Listnes

(Signature of Candidate)

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Governmental Ethics Commission

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