APPOINTMENT OF JUN OF THE ASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE This is an (Check one) Initial Appointment Amended Statement CANDIDATE (Please Type or Print) Name Street Decatur County Zip Code City Home Telephone 785-693-459 Business Telephone Office Sought State District No. TREASURER June 2008 Date Appointed Name Address Zip Code City Home Telephone 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." Robert G. Strewy (Signature of Candidate) June 2008 (Date) SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000