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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: **Robert Grant**
 Address: **407 W Magnolia ST**
 City: **Cherokee** Zip: **66724**
 Home Phone: **6204578496** Business Phone: Cell Phone:
 County: **Crawford** Email Address: **grantbni@ckt.net**
 Office Sought: **State Representative** District No.: **2**

Treasurer

Date Appointed: **01/01/2008**
 Treasurer Name: **Lynn Grant**
 Address: **407 W Magnolia**
 City: **Cherokee** State: **KS** Zip: **66724**
 Home Telephone: **6204578496** Business Phone: Cell Phone:
 Email Address: **grantbni@ckt.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: **7/8/2008 6:16:47 PM** Signature of Candidate: **Robert P. Grant**

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