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APR 15 2010

APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

Name <i>Renee Slinkard</i>		
Street <i>5630 W-2200 Rd</i>		
City <i>Parker</i>	County <i>Linn</i>	Zip Code <i>66072</i>
Home Telephone <i>913-898-3088</i>	Business Telephone <i>913-898-3088</i>	
Office Sought <i>State Representative</i>	District No.	

TREASURER

Date Appointed <i>4-8-10</i>		
Name <i>Don Slinkard</i>		
Address <i>5630 W 2200 Rd</i>		
City <i>Parker</i>	Zip Code <i>66072</i>	
Home Telephone <i>913-898-3088</i>	Business Telephone <i>913-898-3088</i>	

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."

4-8-10

(Date)

Renee Slinkard

(Signature of Candidate)

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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: **Renee Slinkard**
Address: **5630 W 2200 RD**
City: **Parker** Zip: **66072**
Home Phone: **9138983088** Business Phone: **9138983088** Cell Phone: **9137083690**
County: **Linn** Email Address: **4slink@embarqmail.com**
Office Sought: **State Representative** District No.: **4**

Treasurer

Date Appointed: **01/05/2010**
Treasurer Name: **Renee Slinkard**
Address: **5630 W 2200 RD**
City: **Parker** State: **KS** Zip: **66072**
Home Telephone: **9138983088** Business Phone: **9138983088** Cell Phone: **9137083690**
Email Address: **4slink@embarqmail.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:

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: **1/5/2010 5:12:04 PM** Signature of Candidate: **Renee L. Slinkard**

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