APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORMENED

FOR CANDIDATE FOR STATE OFFICE JUL: 0 6 2010 Amended Statement This is an (Check one) Initial Appointment **CANDIDATE** (Please Type or Print) Name Street Zip Code County 1 **Business Telephone** Office Sought District No. TREASURER Date Appointed Address Business Telephone 4/ Home Telephone OR CANDIDATE COMMITTEE **Date Appointed** Chairperson's Name Address Zip Code City Home Telephone **Business Telephone** Treasurer's Name Address Zip Code City 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." (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

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This is an (Check one)	Initial Appointment Amended Statement
CANDIDATE	(Please Type or Print)
Name Connie O'Brien	<u> </u>
Street 22123 2114 5	freet
City Tonganoxie	County LV Zip Code 66086
Home Telephone 9/3 - 369 - 293	
Office Sought State House of	Representative District No. 42 na
TREASURER	· ·
Date Appointed 5-12-2008	-
Name Medeane Knido	
Address 17350 190 Stre	ep+
City Tonganoxie	Zip Code /a/aDX 6
Home Telephone 9/3 - 369 - 338 7	Business Telephone 9/3 - 369 - 285/
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 e	xamined by me and to the best of my knowledge and belief is true,
orrect and complete. I understand that t	he intentional failure to file this document or intentionally filing a
llse document is a class A misdemeano	r."
/ /	N 010
5/13/2008	Consie OBrien
(Date)	(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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