APPOINTMENT OF
FILE TREASURER OR CANDIDATE COMMITTEE FORM
2 9 0 2010 EOD CANDIDATE FOD STATE OFFICE
APR B APR CANDIDATE FOR STATE OFFICE RON THORNOF STATE RON THORN OF STATE RON THORN OF STATE RON THORN OF STATE RON THORN OF STATE (Please Type or Print) Amended Statement
Name LINDA-K. ROBINSON
Street 4210 Nicklaus Drive
City LAWREnce County Da Zip Code (e(047
Home Telephone 185-865-3138 Business Telephone 185-393-1850
Office Sought House of Representatives District No. 45
TREASURER
Address /600 Inverness DriveCity / AwrenceZip Code (66047)
CityA wkenceZip Code60 47Home Telephone 185 - 842 - 9973Business Telephone- 6 -
Monde Tekephone 78 5 - 892 - 977 5 Dusiness Tekephone 5
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 tru
correct and complete. I understand that the intentional failure to file this document or intentionally filing
alse document is a class A misdemeanor."
<u>4-16-16</u> (Date) (Signature of Candidate)
<u>4-16-16</u> (Date) (Signature of Candidate)
SEE REVERSE SIDE FOR INSTRUCTIONS
Governmental Ethics Commission Rev.200