APPO	DINTMENT OF		
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		THUR OF STA	_
		This is an (Check one)	nitial Appointment Amended Statement
CANDIDATE (Plea	ase Type or Print)		
Name LEEL STRAHLERD			
Street 1015 NE KELLAM			
City TOPEKA Count			
Home Telephone 785 357 8452	Business Telephone NTA District No. 57+44		
Office Sought HOUSE REP	District No. 57++H		
TREASURER	·		
Date Appointed 5/27 10			
Name KERL STRAHLEN)			
Address 1015 NE KEILAM			
City TOPEKIA	Zip Code 66616		
Home Telephone 785.357.8452	Business Telephone NA		
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		
	•		

"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."

<u>a7110</u> (Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000