

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

RECEIVED

NOV 12 2009

KS Governmental Ethics Commission

This is an (Check one)  Initial Appointment  Amended Statement

CANDIDATE

(Please Type or Print)

|                |                          |                              |
|----------------|--------------------------|------------------------------|
| Name           | Gerrett M. Morris        |                              |
| Street         | 117 N. College           |                              |
| City           | Salina                   | County Saline Zip Code 67401 |
| Home Telephone | 785-643-3268             | Business Telephone same      |
| Office Sought  | House of Representatives | District No. 69              |

TREASURER

|                |                  |                    |
|----------------|------------------|--------------------|
| Date Appointed | October 26, 2009 |                    |
| Name           | Allan White      |                    |
| Address        | 112 Neal ST      |                    |
| City           | Salina           | Zip Code 67401     |
| Home Telephone | 785-823-6023     | Business Telephone |

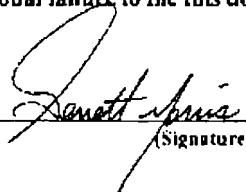
OR CANDIDATE COMMITTEE

|                    |  |                    |
|--------------------|--|--------------------|
| 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."

11-12-09  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS