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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: **Sean C Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** Zip: **67218**
Home Phone: **(316) 259-1095** Business Phone: **(316) 683-4691** Cell Phone: **(316) 259-1095**
County: **Sedgwick** Email Address: **seancamore@gmail.com**
Office Sought: **State Representative** District No.: **83**

Treasurer Date Appointed: **08/13/2010**
Treasurer Name: **Nathan Carr**
Address: **12000 West 34th Street South**
Address2:
City: **Wichita** State: **KS** Zip: **67227**
Home Telephone: **(316) 201-7101** Business Phone: **(316) 201-3717** Cell Phone: **(316) 201-1701**
Email Address: **nathan.carr@burruscarr.com**

Candidate Committee Date Appointed: **06/15/2010**
Chairperson's Name: **Sean Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: Business Phone: Cell Phone: **(316) 259-1095**
Email Address: **seancamore@gmail.com**

Date Appointed: **08/13/2010**
Treasurer's Name: **Nathan Carr**
Address2:
City: **Wichita** State: **KS** Zip: **67227**
Home Telephone: **(316) 201-7101** Business Phone: **(316) 201-3175** Cell Phone: **(316) 201-1701**
Email Address: **nathan.carr@burruscarr.com**

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: **8/13/2010 1:37:47 PM** Signature of Candidate: **SEAN C. AMORE**

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For Candidate For State Office**

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This is an (Check one) Initial Appointment Amended Statement

Candidate Candidate Name: **Sean C Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** Zip: **67218**
Home Phone: **(316) 259-1095** Business Phone: **(316) 683-4691** Cell Phone: **(316) 259-1095**
County: **Sedgwick** Email Address: **seancamore@gmail.com**
Office Sought: **State Representative** District No.: **83**

Treasurer Date Appointed: **06/15/2010**
Treasurer Name: **Sean Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: **(316) 259-1095** Business Phone: **(316) 683-4691** Cell Phone: **(316) 259-1095**
Email Address: **seancamore@gmail.com**

Candidate Committee Date Appointed: **06/15/2010**
Chairperson's Name: **Sean Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: Business Phone: Cell Phone: **(316) 259-1095**
Email Address: **seancamore@gmail.com**

Date Appointed: **06/15/2010**
Treasurer's Name: **Sean Amore**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: Business Phone: Cell Phone: **(316) 259-1095**
Email Address: **seancamore@gmail.com**

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: **8/4/2010 8:27:37 PM** Signature of Candidate: **Sean C. Amore**

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Fax (785) 296-2548
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This is an (Check one) Initial Appointment Amended Statement

Candidate Candidate Name: **Sean C Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** Zip: **67218**
Home Phone: **(316) 259-1095** Business Phone: **(316) 683-4691** Cell Phone: **(316) 259-1095**
County: **Sedgwick** Email Address: **seancamore@gmail.com**
Office Sought: **State Representative** District No.: **83**

Treasurer Date Appointed: **06/15/2010**
Treasurer Name: **Sean Amore**
Address: **418 S. Yale Street**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: **(316) 259-1095** Business Phone: **(316) 683-4691** Cell Phone: **(316) 259-1095**
Email Address: **seancamore@gmail.com**

Candidate Committee Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address2:
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: **7/26/2010 5:45:13 PM** Signature of Candidate: **SEAN C. AMORE**

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

RECEIVED

JUL 06 2010

Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

Name	SEAN C. AMORE		
Street	418 S. YALE STREET		
City	WICHITA	County	SEDGWICK Zip Code 67218
Home Telephone	316 259 1095	Business Telephone	316 683 4691
Office Sought	KS HOUSE OF REPS		District No. 83

TREASURER

Date Appointed	JULY 5, 2010		
Name	SEAN AMORE		
Address	418 S. YALE STREET		
City	WICHITA KS	Zip Code	67218
Home Telephone	316 259 1095	Business Telephone	316 683 4691

OR CANDIDATE COMMITTEE

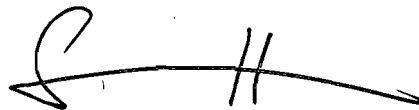
Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

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."

07/05/10

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS