

fax to: 785-296-2298

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

JUN 07 2010

This is an (Check one)

Initial Appointment

Amended Statement
KS Governmental Ethics Commission

CANDIDATE

(Please Type or Print)

| | | |
|-------------------------------------------|----------------------------------------|-----------------------|
| Name Phil Hermanson | | |
| Street 5338 S. Mosley | | |
| City Wichita | County Sedgwick | Zip Code 67216 |
| Home Telephone 316-516-2324 | Business Telephone 316-516-2324 | |
| Office Sought State Representative | District No. 96 | |

TREASURER

| | |
|--------------------------------------------|----------------------------------------|
| Date Appointed 6-04-10 | |
| Name Lisa Wisdom | |
| Address 1394 West 50th Avenue North | |
| City Conway Springs | Zip Code 67031 |
| Home Telephone 316-833-0096 | Business Telephone 316-833-0096 |

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."

to June 10
(Date)

[Handwritten Signature]
(Signature of Candidate)

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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: **Phil Hermanson**
Address: **5338 S Mosley**
City: **Wichita** Zip: **67216**
Home Phone: **3165162324** Business Phone: **3167299700** Cell Phone: **3165162324**
County: **Sedgwick** Email Address: **philhermanson@cox.net**
Office Sought: **State Representative** District No.: **96**

Treasurer

Date Appointed: **04/19/2008**
Treasurer Name: **Michael Mitchener**
Address: **113 E Maywood**
City: **Wichita** State: **KS** Zip: **67216**
Home Telephone: **3165224277** Business Phone: **3165542273** Cell Phone: **3169925023**
Email Address: **entrepreneur2x@yahoo.com**

**Candidate
Committee**

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

Date Appointed:
Treasurer's Name:
Address:
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: **10/22/2008 3:45:57 PM** Signature of Candidate: **Michael D. Mitchener**

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