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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: **Melvin Neufeld**
Address: **7405 15 Road**
City: **Ingalls** Zip: **67853**
Home Phone: **6203355316** Business Phone: **7852962302** Cell Phone: **6203384915**
County: **Gray** Email Address: **mneufeld@ucom.net**
Office Sought: **State Representative** District No.: **115**

Treasurer

Date Appointed: **10/16/2008**
Treasurer Name: **Maxine Neufeld**
Address: **7405 15 Road**
City: **Ingalls** State: **KS** Zip: **67853**
Home Telephone: **6203355316** Business Phone: **6203355855** Cell Phone: **6203384916**
Email Address: **mneufeld@ink.org**

**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: **10/17/2008 8:35:02 PM** Signature of Candidate: **Melvin Neufeld**

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