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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: **Kyle Hoffman**
Address: **1318 T AVE**
City: **Coldwater** Zip: **67029**
Home Phone: **6205822217** Business Phone: Cell Phone: **6206355844**
County: **Comanche** Email Address: **kyle@kylehoffman.net**
Office Sought: **State Representative** District No.: **116**

Treasurer

Date Appointed: **01/15/2010**
Treasurer Name: **Stephen Hokanson**
Address: **216 N Dodge ST PO Box 621**
City: **Bucklin** State: **KS** Zip: **67834**
Home Telephone: **6208269896** Business Phone: Cell Phone:
Email Address: **stephen@kylehoffman.net**

**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: **1/16/2010 2:46:06 PM** Signature of Candidate: **Kyle D. Hoffman**[Print this form](#) or [Go Back](#)

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County: **Comanche** Email Address: **kyle@kylehoffman.net**
Office Sought: **State Representative** District No.: **116**

Treasurer

Date Appointed: **12/29/2009**
Treasurer Name: **Kyle Hoffman**
Address: **1318 T AVE**
City: **Coldwater** State: **KS** Zip: **67029**
Home Telephone: **6205822217** Business Phone: Cell Phone: **6206355844**
Email Address: **kyle@kylehoffman.net**

**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: **12/29/2009 11:25:17 PM** Signature of Candidate: **Kyle D Hoffman**

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