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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](http://www.kansas.gov/ethics)

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate**

Candidate Name: **Mark Aurand**  
Address: **712 N Main ST P.O. Box 1263**  
City: **Syracuse** Zip: **67878**  
Home Phone: **6203846968** Business Phone: **6203847796** Cell Phone:  
County: **Hamilton** Email Address: **obiesdaddy@msn.com**  
Office Sought: **State Representative** District No.: **122**

**Treasurer**

Date Appointed: **02/20/2009**  
Treasurer Name: **Mark Aurand**  
Address: **712 N Main ST P.O. Box 1263**  
City: **Syracuse** State: **KS** Zip: **67878**  
Home Telephone: **6203846968** Business Phone: **6203847796** Cell Phone:  
Email Address: **obiesdaddy@msn.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: **2/20/2009 4:40:31 AM** Signature of Candidate: **Mark J Aurand**

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