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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: **Robert P Grant**
Address: **202 S. Appleton**
Address2:
City: **Frontenac** Zip: **66763**
Home Phone: **(620) 308-5518** Business Phone: Cell Phone:
County: **Crawford** Email Address: **lynnggrant@cox.net**
Office Sought: **State Representative** District No.: **2**

Treasurer

Date Appointed: **03/16/2012**
Treasurer Name: **Lynn Grant**
Address: **202 S. Appleton**
Address2:
City: **Frontenac** State: **KS** Zip: **66763**
Home Telephone: **(620) 308-5518** Business Phone: Cell Phone:
Email Address: **lynnggrant@cox.net**

**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:

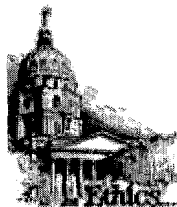
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/25/2012 5:58:35 PM** Signature of Candidate: **Lynn D. Grant**

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

Candidate

Candidate Name: **Robert Grant**
Address: **407 W Magnolia ST**
City: **Cherokee** Zip: **66724**
Home Phone: **6204578496** Business Phone: Cell Phone:
County: **Crawford** Email Address: **grantbni@ckt.net**
Office Sought: **State Representative** District No.: **2**

Treasurer

Date Appointed: **01/01/2008**
Treasurer Name: **Lynn Grant**
Address: **407 W Magnolia**
City: **Cherokee** State: **KS** Zip: **66724**
Home Telephone: **6204578496** Business Phone: Cell Phone:
Email Address: **grantbni@ckt.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: **7/8/2008 6:16:47 PM** Signature of Candidate: **Robert P. Grant**

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