APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORMRECEIVED

IREA	SURER OR CANDIDATE COMMITTEE FORM SCENED
	FOR CANDIDATE FOR STATE OFFICE
	FOR CANDIDATE FOR STATE OFFICE JUN 14 7017
This is CANDIDATE	an (Check one) Initial Appointment Amended Statement (Please Type or Print)
Name Roxe	Selanger
Street 972	Maur Load
City Leawood	
	13 402 9886 Business Telephone 918 915 8561
	se Representative District No. 19
TDEACHDED	
TREASURER Date Appointed	
	phen M. Bledsoe 6:14-12
3/20/00/	
Address 8515	Cherokee Place
City Leawace	
Home Telephone 9	13-381-63 96 Business Telephone 816 561-7007
Date Appointed Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
rect and complete. I	tement has been examined by me and to the best of my knowledge and belief is true, understand that the intentional failure to file this document or intentionally filing a set A misdemeanor."
(Date)	(Signature of Candidate)
ŕ	SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000