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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: **Rob Bruchman**
Address: **5016 W. 108th Terrace**
Address2: **#522**
City: **Overland Park** Zip: **66211**
Home Phone: **(913) 709-0766** Business Phone: Cell Phone:
County: **Johnson** Email Address: **rob@robbruchman.com**
Office Sought: **State Representative** District No.: **20**

Treasurer

Date Appointed: **03/20/2010**
Treasurer Name: **Janell Pallanich**
Address: **PO Box 7141**
Address2:
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone: Cell Phone:
Email Address: **jpallanich@aol.com**

**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: **1/9/2012 11:13:30 PM** Signature of Candidate: **Rob Bruchman**

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Candidate

Candidate Name: **Rob Bruchman**
Address: **P.O. Box 7141**
City: **Overland Park** Zip: **66207**
Home Phone: Business Phone: Cell Phone:
County: **Johnson** Email Address: **rbruchman@aol.com**
Office Sought: **State Representative** District No.: **20**

Treasurer

Date Appointed: **03/20/2010**
Treasurer Name: **Janell Pallanich**
Address: **P.O. Box 8554**
City: **Prairie Village** State: **KS** Zip: **66208**
Home Telephone: Business Phone: **8164744114** Cell Phone:
Email Address: **jpallanich@aol.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: **3/20/2010 11:38:15 AM** Signature of Candidate: **Rob Bruchman**

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