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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: **Brett Hildabrand**
Address: **7352 Royalty WAY 108**
Address2:
City: **Merriam** Zip: **66203**
Home Phone: Business Phone: Cell Phone: **(620) 224-6345**
County: **Johnson** Email Address: **hildabrand2010@gmail.com**
Office Sought: **State Representative** District No.: **23**

Treasurer

Date Appointed: **12/16/2009**
Treasurer Name: **Aubrey Higginbotham**
Address: **5431 W. 133rd PI**
Address2: **#416**
City: **Overland Park** State: **KS** Zip: **66209**
Home Telephone: Business Phone: Cell Phone: **(260) 494-9331**
Email Address: **higginbothamaubrey@gmail.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: **1/4/2012 10:48:47 AM** Signature of Candidate: **Brett Hildabrand**

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Candidate

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Address: **7352 Royalty WAY APT 108**
City: **Merriam** Zip: **66203**
Home Phone: Business Phone: Cell Phone: **6202246345**
County: **Johnson** Email Address: **hildabrand2010@gmail.com**
Office Sought: **State Representative** District No.: **23**

Treasurer

Date Appointed: **12/16/2009**
Treasurer Name: **Aubrey Higginbotham**
Address: **3600 Rainbow BLVD APT 217**
City: **Kansas City** State: **KS** Zip: **66103**
Home Telephone: Business Phone: Cell Phone: **2604949331**
Email Address: **higginbothamaubrey@gmail.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: **12/18/2009 11:43:26 AM** Signature of Candidate: **Brett Hildabrand**

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