

[Print this form](#) or [Go Back](#)



**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: **David R Anderson**  
Address: **9152 Shorewood Dr**  
Address2:  
City: **De Soto** Zip: **66018**  
Home Phone: **(913) 583-3362** Business Phone: **(913) 223-9878** Cell Phone: **(913) 223-9878**  
County: **Johnson** Email Address: **danderson@servicespecialistskc.com**  
Office Sought: **State Representative** District No.: **38**

**Treasurer**

Date Appointed: **06/09/2012**  
Treasurer Name: **Mitra Templin**  
Address: **32312 W. 91st**  
Address2:  
City: **De Soto** State: **KS** Zip: **66018**  
Home Telephone: **(913) 583-3183** Business Phone: Cell Phone: **(913) 433-6321**  
Email Address: **moonfog@kc.rr.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: **7/27/2012 8:46:48 AM** Signature of Candidate: **David R. Anderson**

[Print this form](#) or [Go Back](#)

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM** RECEIVED  
**FOR CANDIDATE FOR STATE OFFICE**

JUN 11 2012

This is an (Check one)  Initial Appointment  Amended Statement

**CANDIDATE**

(Please Type or Print)

Name <b>DAVID R ANDERSON</b>			
Street <b>9152 SHOREWOOD DR</b>			
City <b>DE SOTO</b>	County <b>JOHNSON</b>	Zip Code <b>66018</b>	
Home Telephone <b>913 583 3362</b>	Business Telephone <b>913 223 9878</b>		
Office Sought <b>REPRESENTATIVE</b>	District No. <b>038</b>		

**TREASURER**

Date Appointed <b>6-9-2012</b>	
Name <b>MITRA TEMPLIN</b>	
Address <b>32312 W. 91 ST</b>	
City <b>DE SOTO</b>	Zip Code <b>66018</b>
Home Telephone	Business Telephone <b>913-433-6321</b>

**OR CANDIDATE COMMITTEE**

Date Appointed	
Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone

**SIGNATURE**

"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."

6-11-2012  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS