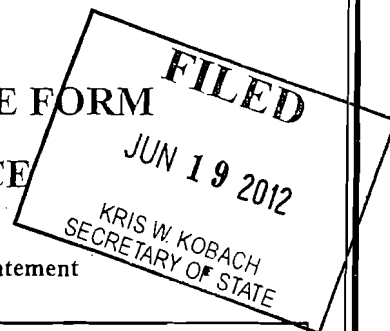


APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE



This is an (Check one)



Initial Appointment



Amended Statement

**CANDIDATE**

(Please Type or Print)

Name	Claudia M. Loague		
Street	14175 Robin Road		
City	Lawrence	County	Leavenworth
Zip Code	66043		
Home Telephone	913-727-1189	Business Telephone	
Office Sought	House Representative	District No.	40

**TREASURER**

Date Appointed	6-18-12		
Name	Claudia M. Loague		
Address	14175 Robin Road		
City	Lawrence	State	Kansas
Zip Code	66043		
Home Telephone	913-727-1189	Business Telephone	

**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."

6-18-12  
(Date)

Claudia M. Loague  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS