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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: **Sandra F Bohne**
Address: **20392 Mt. Olivet Rd.**
Address2:
City: **Leavenworth** Zip: **66048**
Home Phone: **(913) 651-0795** Business Phone: Cell Phone: **(913) 306-9955**
County: **Leavenworth** Email Address: **sandraboehne40@gmail.com**
Office Sought: **State Representative** District No.: **42**

Treasurer Date Appointed: **06/10/2012**
Treasurer Name: **William Bohne**
Address: **20392 Mt. Olivet Rd.**
Address2:
City: **Leavenworth** State: **KS** Zip: **66048-7441**
Home Telephone: **(913) 651-0795** Business Phone: **(913) 684-5892** Cell Phone: **(913) 306-9966**
Email Address: **wtbohne@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: **6/27/2012 8:13:17 AM** Signature of Candidate: **Sandra F. Bohne**

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