AP	POINTMENT OF	
TREASURER OR C	ANDIDATE COMMITTEE FORM	APR 16 20
FOR CANDI	DATE FOR STATE OFFICE	APRICO
		KRIS W KO
This is an (Check one)	Initial Appointment Amended Statement (Please Type or Print)	KRIS W KOBACH
Name Tom Sloan		
Street 772 Hwy Yu	·	
City Lawrence Co	ounty Douglas Zip Code 66049	
Home Telephone 785 -841-1526	Business Telephone 785-841-152.0	
Office Sought House of Representation	Tives District No. 45	
·		· ·
TREASURER	•	
Date Appointed		
Name David Bunker Address 1820 Castle Pine Co	· · · · · · · · · · · · · · · · · · ·	
Address 1820 Castle Pine Co		
City Lawrence Home Telephone 785 - 843-083/	Zip Code 66047 Business Telephone	
Date Appointed Chairperson's Name D _R . H. D. Lew		
Address 2900 Mocassin Driv	د	<u> </u>
City Lawrence	Zip Code 66049	
Home Telephone 785 - 842 - 9636	- Business Telephone	
Treasurer's Name		AP1-
Address City	Zip Code	
Home Telephone	Business Telephone	
		2: A
SIGNATURE		ЦЦ I I I I I I I I I I I I I I I I I I I
	amined by me and to the best of my knowledge an	~ Id belief is true
	e intentional failure to file this document or inten	
alse document is a class A misdemeanor.	"	
2	2	
(Date)	Jon Stom	
(Date)	(Signature of Candidate)	
SEE REVER	SE SIDE FOR INSTRUCTIONS	
		•

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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
Candidate	This is an (Check one) 🗹 Initial Appointment Candidate Name:Tom Sloan Address: 772 Hwy 40 Address2: City: Lawrence Zip: 66049-4174 Home Phone: Business Phone: (785) 841-1526 Cell F County: Douglas Email Address: tom.sloan@house. Office Sought: State Representative District No.: 45	Phone:
Treasurer	Date Appointed: 05/03/2010 Treasurer Name: David Bunker Address: 1820 Castle Pine Ct Address2: City: Lawrence State: KS Zip: 66047-2017 Home Telephone: (785) 843-0831 Business Phone: C Email Address: bankerbunker@sunflower.com	ell Phone:
Candidate Committee	Date Appointed: Chairperson's Name: Address: Address2: City: State: Zip: Home Telephone: Business Phone: Cell Phone: Email Address:	
I declare that this	Date Appointed: Treasurer's Name: Address2: City: State: Zip: Home Telephone: Business Phone: Cell Phone: Email Address: s statement has been examined by me and to the best	t of my knowledge and belief is true
correct and com	plete. I understand that the intentional failure to file t ass A misdemeanor.	

Executed on:

Date: 7/19/2010 7:45:02 PM Signature of Candidate: David N Bunker

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http://www.kssos.org/elections/cfr_viewer/reports/appointment_of_treasurer_report.aspx