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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: **Keith R Mace**
Address: **15816 W 131st**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: **(913) 829-1302** Business Phone: Cell Phone: **(913) 488-3638**
County: **Johnson** Email Address: **keithrmace@gmail.com**
Office Sought: **State Representative** District No.: **49**

Treasurer

Date Appointed: **07/31/2012**
Treasurer Name: **Sam Skare**
Address: **2312 W 123rd Ter**
Address2:
City: **Leawood** State: **KS** Zip: **66062**
Home Telephone: **(913) 465-5595** Business Phone: Cell Phone: **(913) 940-6947**
Email Address: **sammskare@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: **7/30/2012 9:35:37 PM** Signature of Candidate: **Keith R Mace**

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Home Phone: **(913) 829-1302** Business Phone: Cell Phone: **(913) 488-3638**
County: **Johnson** Email Address: **keithrmace@gmail.com**
Office Sought: **State Representative** District No.: **49**

Treasurer Date Appointed: **06/11/2012**
Treasurer Name: **Keith Mace**
Address: **15816 W 131st**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(913) 829-1302** Business Phone: **(913) 488-3638** Cell Phone: **(913) 488-3638**
Email Address: **keithrmace@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: **6/18/2012 9:35:44 PM** Signature of Candidate: **Keith R Mace**

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Candidate

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Home Phone: **(913) 829-1302** Business Phone: Cell Phone: **(913) 488-3638**
County: **Johnson** Email Address: **keithrmace@gmail.com**
Office Sought: **State Representative** District No.: **49**

Treasurer

Date Appointed: **07/22/2010**
Treasurer Name: **Bond Faulwell**
Address: **12344 Long Street**
Address2:
City: **Overland Park** State: **KS** Zip: **66213**
Home Telephone: Business Phone: Cell Phone:
Email Address: **bfaulwell@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: **9/1/2010 6:17:06 AM** Signature of Candidate: **Keith R Mace**

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