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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](http://www.kansas.gov/ethics)

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

**Candidate**

Candidate Name: **bruce g williamson**  
Address: **2216 sw indian trail**  
Address2:  
City: **topeka** Zip: **66614**  
Home Phone: **(785) 228-2806** Business Phone: **(785) 273-0303** Cell Phone: **(785) 213-9171**  
County: **Shawnee** Email Address: **williamson5664@gmail.com**  
Office Sought: **State Representative** District No.: **55**

**Treasurer**

Date Appointed: **05/12/2010**  
Treasurer Name: **paule bowin**  
Address: **2037 se 35th st**  
Address2:  
City: **topeka** State: **KS** Zip: **66605**  
Home Telephone: **(785) 422-0154** Business Phone: **(785) 266-2708** Cell Phone: **(785) 230-1113**  
Email Address: **jim.bowin@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: **7/26/2010 1:47:29 PM** Signature of Candidate: **paulee bowin**

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