

[Print this form](#) or [Go Back](#)

**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: **Aaron R Estabrook**
Address: **3317 Woodduck Way**
Address2:
City: **Manhattan** Zip: **66503**
Home Phone: **(785) 341-7591** Business Phone: Cell Phone:
County: **Riley** Email Address: **VoteEstabrook@gmail.com**
Office Sought: **State Representative** District No.: **67**

Treasurer Date Appointed: **06/20/2012**
Treasurer Name: **Cindy Beck**
Address: **4808 Lakewood Ridge**
Address2:
City: **Manhattan** State: **KS** Zip: **66503**
Home Telephone: **(785) 587-4693** Business Phone: **(785) 587-4693** Cell Phone: **(785) 410-2693**
Email Address: **lou_seal@yahoo.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: **6/20/2012 8:42:17 PM** Signature of Candidate: **Aaron Estabrook**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



**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: **Aaron R Estabrook**
Address: **3317 Woodduck Way**
Address2:
City: **Manhattan** Zip: **66503**
Home Phone: **(785) 341-7591** Business Phone: Cell Phone:
County: **Riley** Email Address: **VoteEstabrook@gmail.com**
Office Sought: **State Representative** District No.: **67**

Treasurer Date Appointed: **06/13/2012**
Treasurer Name: **Aaron Estabrook**
Address: **3317 Woodduck Way**
Address2:
City: **Manhattan** State: **KS** Zip: **66503**
Home Telephone: **(785) 341-7591** Business Phone: Cell Phone: **(785) 341-7591**
Email Address: **VoteEstabrook@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: **6/13/2012 5:16:16 PM** Signature of Candidate: **Aaron Estabrook**

[Print this form](#) or [Go Back](#)