

APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

RECEIVED

JUN 22 2012

This is an (Check one)

☐

Initial Appointment

☒

Amended Statement

CANDIDATE

(Please Type or Print)

| | | | |
|----------------|--------------|--------------------|-----------------------|
| Name | Bill Otto | | |
| Street | 102 9th | | |
| City | LeRoy KS | County | Coffey Zip Code 66857 |
| Home Telephone | 620-964-2355 | Business Telephone | 620 964 2355 |
| Office Sought | KS House | District No. | 76 |

TREASURER

| | | | |
|----------------|--|--------------------|-------|
| Date Appointed | Spring 04 → | | |
| Name | Bill Otto Assistant To Voli Clark (Daughter) | | |
| Address | 102 9th | | |
| City | LeRoy KS | Zip Code | 66857 |
| Home Telephone | 620-964-2355 | Business Telephone | |

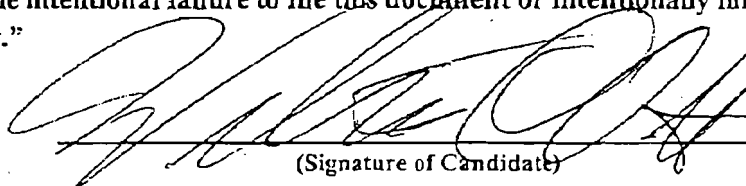
OR CANDIDATE COMMITTEE

| | | | |
|--------------------|---------------------------------------|--------------------|--|
| Date Appointed | | | |
| Chairperson's Name | Bill Otto Assistant To Nita Otto wife | | |
| Address | | | |
| City | | Zip Code | |
| Home Telephone | | Business Telephone | |
| Treasurer's Name | | | |
| Address | | | |
| City | | Zip Code | |
| Home Telephone | | Business Telephone | |

SIGNATURE

"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."

June 22, 2012
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS