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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: **Kasha Kelley**
Address: **1111 PO Box 1111**
City: **Arkansas City** Zip: **67005**
Home Phone: **3167720513** Business Phone: **3167720513** Cell Phone: **3167720513**
County: **Cowley** Email Address: **kasha@kansasleadership.com**
Office Sought: **State Representative** District No.: **79**

Treasurer

Date Appointed: **06/15/2004**
Treasurer Name: **Carol Hearne**
Address: **556 Meadowbrook DR**
City: **Parkerfield** State: **KS** Zip: **67005**
Home Telephone: Business Phone: Cell Phone:
Email Address: **shearne@cox.net**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **7/24/2008 4:12:11 PM** Signature of Candidate: **Kasha Kelley**

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