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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: **Kasha Kelley**  
Address: **1111 PO Box 1111**  
Address2:  
City: **Arkansas City** Zip: **67005**  
Home Phone: **(316) 772-0513** Business Phone: **(316) 772-0513** Cell Phone: **(316) 772-0513**  
County: **Cowley** Email Address: **kasha@kansasleadership.com**  
Office Sought: **State Representative** District No.: **80**

**Treasurer**

Date Appointed: **06/15/2004**  
Treasurer Name: **Carol Hearne**  
Address: **556 Meadowbrook DR**  
Address2:  
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:  
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: **8/20/2012 10:34:07 AM** Signature of Candidate: **Kasha Kelley**

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