

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

FORM 07 2012

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name <i>Matthew R Collins</i>		
Street <i>1451 N Green ST</i>		
City <i>Wichita</i>	County <i>Sedgewick</i>	Zip Code <i>67214</i>
Home Telephone <i>(316) 616-8088</i>	Business Telephone _____	
Office Sought <i>State Representative</i>	District No. <i>89</i>	

**TREASURER**

Date Appointed <i>6/5/2012</i>		
Name <i>Tracy A Tams</i>		
Address <i>212 S St Paul</i>		
City <i>Wichita</i>	Zip Code <i>67213</i>	
Home Telephone <i>(316) 942-7719</i>	Business Telephone _____	


**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
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."

6/5/2012  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS