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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: **Peggy Elliott**
Address: **2532 Piatt**
Address2:
City: **Wichita** Zip: **67219**
Home Phone: **(316) 305-5673** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **vote4peggy@gmail.com**
Office Sought: **State Representative** District No.: **89**

Treasurer

Date Appointed: **06/11/2012**
Treasurer Name: **Angelique Franklin**
Address: **2345 Linden Circle**
Address2:
City: **Wichita** State: **KS** Zip: **67207**
Home Telephone: **(316) 681-1993** Business Phone: Cell Phone:
Email Address: **angie@cdfrr.org**

**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: **7/30/2012 10:09:12 PM** Signature of Candidate: **Peggy L. Elliott**

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

RECEIVED**JUN 20 2012**

KS Governmental Ethics Commission

This is an (Check one)

☒ Initial Appointment☐ Amended Statement**CANDIDATE**

(Please Type or Print)

Name <u>PEGGY L. ELLIOTT</u>		
Address <u>2532 PIATT</u>		
City <u>WICHITA</u>	County <u>SEBOWICK</u>	Zip Code <u>67219</u>
Home Telephone <u>316-305-5623</u>	Business Telephone <u>316-305-5623</u>	
Office Sought <u>HOUSE OF REPRESENTATIVES</u>	District No. <u>89</u>	

TREASURER

Date Appointed <u>5-9-12</u>	
Name <u>ANGELIQUE FRANKLIN</u>	
Address <u>2345 LINDEN CIRCLE</u>	
City <u>WICHITA</u>	Zip Code <u>67207</u>
Home Telephone <u>316-681-1993</u>	Business Telephone <u>316-684-1500</u>

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."

5-9-12
(Date)

Peggy L. Elliott
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS