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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: **Daniel R Hawkins**
Address: **9406 Harvest LN**
Address2:
City: **Wichita** Zip: **67212-4218**
Home Phone: **(316) 722-7307** Business Phone: **(316) 722-7307** Cell Phone: **(316) 371-1667**
County: **Sedgwick** Email Address: **dhawkins@hawkinsgroupinc.com**
Office Sought: **State Representative** District No.: **100**

Treasurer

Date Appointed: **06/11/2012**
Treasurer Name: **Diane Hawkins**
Address: **9406 Harvest LN**
Address2:
City: **Wichita** State: **KS** Zip: **67212-4218**
Home Telephone: **(316) 722-7307** Business Phone: **(316) 204-4313** Cell Phone: **(316) 208-1249**
Email Address: **ddiane.hawkins@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: **7/27/2012 1:24:15 PM** Signature of Candidate: **Daniel R. Hawkins**

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Candidate

Candidate Name: **Daniel R Hawkins**
Address: **9406 Harvest LN**
Address2:
City: **Wichita** Zip: **67212-4218**
Home Phone: **(316) 722-7307** Business Phone: **(316) 722-7307** Cell Phone: **(316) 371-1667**
County: **Sedgwick** Email Address: **dhawkins@hawkinsgroupinc.com**
Office Sought: **State Representative** District No.: **100**

Treasurer

Date Appointed: **06/11/2012**
Treasurer Name: **Debra Hawkins**
Address: **9406 Harvest LN**
Address2:
City: **Wichita** State: **KS** Zip: **67212-4218**
Home Telephone: **(316) 722-7307** Business Phone: **(316) 204-4313** Cell Phone: **(316) 208-1249**
Email Address: **ddiane.hawkins@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: **6/12/2012 3:18:01 PM** Signature of Candidate: **Daniel R. Hawkins**

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

JUN 11 2012

This is an (Check one)



Initial Appointment



Amended Statement

KS Governmental Ethics Commission

CANDIDATE

(Please Type or Print)

Name	DANIEL R. HAWKINS		
Street	9406 HARVEST LN.		
City	WICHITA	County	SEDGWICK
Zip Code	67212		
Home Telephone	(316) 722-7307	Business Telephone	(316) 371-1667
Office Sought	HOUSE OF REPRESENTATIVE		District No. 100

TREASURER

Date Appointed	06-11-12		
Name	DEBRA D. HAWKINS		
Address	SAME		
City		Zip Code	
Home Telephone	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."

6-11-12
(Date)

Daniel R. Hawkins
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS