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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: **Jamey Blubaugh**  
Address: **2226 Eastridge Ct**  
Address2:  
City: **Goddard** Zip: **67052**  
Home Phone: **(316) 390-7355** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **jameyblu@gmail.com**  
Office Sought: **State Representative** District No.: **101**

**Treasurer**

Date Appointed: **06/11/2012**  
Treasurer Name: **Jamey Blubaugh**  
Address: **10300 W Maple**  
Address2:  
City: **Wichita** State: **KS** Zip: **67209**  
Home Telephone: **(316) 390-7355** Business Phone: Cell Phone: **(316) 390-7355**  
Email Address: **jameyblu@gmail.com**

**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: **7/25/2012 3:56:09 PM** Signature of Candidate: **Jamey Blubaugh**

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

RECEIVED

JUN 11 2012

This is an (Check one)



Initial Appointment



Amended Statement

Governmental Ethics Commission

**CANDIDATE**

(Please Type or Print)

Name	Jamey Blubaugh				
Street	10300 W Maple				
City	Wichita KS	County	Sedgewick	Zip Code	67052
Home Telephone	316 390-7355	Business Telephone			
Office Sought	State Rep	District No.	101		

**TREASURER**

Date Appointed			
Name	Jamey Blubaugh		
Address			
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)

Jamey Blubaugh

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS