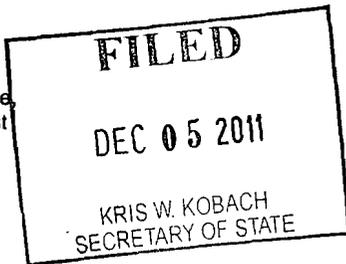


Administration of
Campaign Finance,
Conflict of Interest
& Lobbying Laws



STATE OF KANSAS



109 West 9th Street
Suite 504
Topeka, Kansas 66612
(913) 296-4219

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FOR CANDIDATE FOR ~~LOCAL~~ OFFICE State

This is an (check one) Initial Appointment Amended Statement

CANDIDATE

Name	Kyle D. Hoffman		
Street Address	1318 Avenue T		
City	County	Zip Code	
Coldwater	Comanche	67029	
Home Telephone	620-582-2217	Business Telephone	620-635-5844
Office Sought	Kansas House of Representative		District No. 116

TREASURER

Date Appointed	11-28-11		
Name	Stephen Hokanson Hokanson		
Street Address	PO BOX 621		
City	KS	Zip Code 67834	
Home Telephone	620-255-6013	Business Telephone	same

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Street Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Street 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."

11-28-11

(Date)

(Signature of Candidate)

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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: **Kyle Hoffman**
Address: **1318 T AVE**
City: **Coldwater** Zip: **67029**
Home Phone: **6205822217** Business Phone: Cell Phone: **6206355844**
County: **Comanche** Email Address: **kyle@kylehoffman.net**
Office Sought: **State Representative** District No.: **116**

Treasurer

Date Appointed: **01/15/2010**
Treasurer Name: **Stephen Hokanson**
Address: **216 N Dodge ST PO Box 621**
City: **Bucklin** State: **KS** Zip: **67834**
Home Telephone: **6208269896** Business Phone: Cell Phone:
Email Address: **stephen@kylehoffman.net**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **1/16/2010 2:46:06 PM** Signature of Candidate: **Kyle D. Hoffman**[Print this form](#) or [Go Back](#)