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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: **John W Unruh**
Address: **402 N Lawrence**
Address2: **P.O. Box 0272**
City: **Haviland** Zip: **67059-0272**
Home Phone: **(620) 862-5876** Business Phone: Cell Phone: **(620) 388-1793**
County: **Kiowa** Email Address: **john@studiobnwa.com**
Office Sought: **State Representative** District No.: **117**

Treasurer

Date Appointed: **06/15/2012**
Treasurer Name: **John Unruh**
Address: **402 N Lawrence**
Address2: **P.O. Box 0272**
City: **Haviland** State: **KS** Zip: **67059**
Home Telephone: **(620) 862-5876** Business Phone: **(620) 388-1793** Cell Phone: **(620) 388-1793**
Email Address: **john@studiobnwa.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: **6/15/2012 3:51:45 PM** Signature of Candidate: **John W. Unruh**

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