

[Print this form](#) or [Go Back](#)

**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: **PAT GEORGE**
Address: **DEPT OF COMMERCE**
Address2: **1000 SW JACKSON ST STE 100**
City: **TOPEKA** Zip: **66612-1354**
Home Phone: Business Phone: Cell Phone: **(620) 338-0278**
County: **Ford** Email Address: **patgeorge33@hotmail.com**
Office Sought: **State Representative** District No.: **119**

Treasurer

Date Appointed: **07/01/2008**
Treasurer Name: **TERRY RABE**
Address: **2500 CENTRAL F**
Address2: **PO BOX 992**
City: **DODGE CITY** State: **KS** Zip: **67801**
Home Telephone: Business Phone: Cell Phone:
Email Address: **ejewell112569@hotmail.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

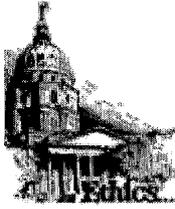
Date Appointed:
Treasurer's Name:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

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: **12/1/2011 8:36:21 AM** Signature of Candidate: **PAT GEORGE**[Print this form](#) or [Go Back](#)

Thank you, your filing has been sent to GEC.
[Print this form](#) or [Proceed to log in](#)



**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: **PAT GEORGE**
Address: **3007 WESTVIEW**
City: **DODGE CITY** Zip: **67801**
Home Phone: Business Phone: Cell Phone:
County: **Ford** Email Address: **patgeorge33@hotmail.com**
Office Sought: **State Representative** District No.: **119**

Treasurer

Date Appointed: **07/01/2008**
Treasurer Name: **TERRY RABE**
Address: **2500 CENTRAL STE F PO BOX 992**
City: **DODGE CITY** State: **KS** Zip: **67801**
Home Telephone: Business Phone: Cell Phone:
Email Address: **ejewell112569@hotmail.com**

**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: **7/7/2008 9:44:23 AM** Signature of Candidate: **Pat George**

[Print this form](#) or [Proceed to log in](#)