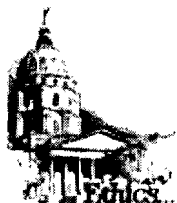


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Christy C Levings**
Address: **27845 West 343rd Street**
Address2:
City: **Osawatomie** Zip: **66064**
Home Phone: **(913) 755-4938** Business Phone: Cell Phone: **(785) 845-4669**
County: **Miami** Email Address: **Christy.levings@gmail.com**
Office Sought: **State Representative** District No.: **6**

Treasurer Date Appointed: **06/09/2014**
Treasurer Name: **Jana Wilkerson**
Address: **1 Grandview Drive**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: **(913) 294-4370** Business Phone: Cell Phone: **(136) 665-6650**
Email Address: **Jswilkerson57@hotmail.com**

Candidate Date Appointed:
Committee 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:

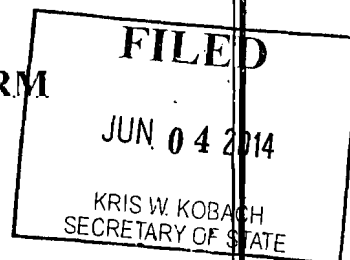
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/18/2014 11:58:36 AM** Signature of Candidate: **Christy C. Levings**

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



KS Governmental Ethics Commission
CANDIDATE

This is an (Check one)



Initial Appointment
(Please Type or Print)



Amended Statement

Name	Christy C. Levings		
Street	27845 West 343rd Street		
City	County	Zip Code	
Oswatimie	Miami	66064	
Home Telephone	913-755-4938	Business Telephone	785-845-4669
Office Sought	Kansas House	District No.	6

TREASURER

Date Appointed	June 4, 2014		
Name	Tana Wilkerson		
Address	1 Grandview Drive		
City	Zip Code		
Paola	66071		
Home Telephone	913-294-7370	Business Telephone	913-636-6506

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."

June 4, 2014
(Date)

(Signature of Candidate)

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