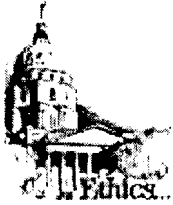


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Kent L Thompson**

Address: **1816 2800 Street**

Address2:

City: **LaHarpe** Zip: **66751**

Home Phone: **(620) 496-2255** Business Phone: **(620) 365-3197** Cell Phone: **(620) 496-7200**

County: **Allen** Email Address: **kent@iolare.kscoxmail.com**

Office Sought: **State Representative** District No.: **9**

Treasurer Date Appointed: **06/06/2014**

Treasurer Name: **Dick Works**

Address: **720 600 Street**

Address2:

City: **Humboldt** State: **KS** Zip: **66748**

Home Telephone: **(620) 473-3566** Business Phone: **(620) 496-7444** Cell Phone: **(620) 496-7444**

Email Address: **dickworks@gmail.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: **11/18/2015 12:37:09 PM** Signature of Candidate: **Kent L Thompson**

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Candidate Candidate Name: **Kent L Thompson**

Address: **1816 2800 Street**

Address2:

City: **LaHarpe** Zip: **66751**

Home Phone: **(620) 496-2255** Business Phone: **(620) 365-3197** Cell Phone: **(620) 496-7200**

County: **Allen** Email Address: **kent.thompson@house.gov.ks**

Office Sought: **State Representative** District No.: **9**

Treasurer Date Appointed: **06/06/2014**

Treasurer Name: **Dick Works**

Address: **720 600 Street**

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Candidate Date Appointed:

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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: **6/6/2014 11:32:11 AM** Signature of Candidate: **Kent L. Thompson**

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

RECEIVED

JAN 09 2014

This is an (Check one)



Initial Appointment



Amended Statement

Governmental Ethics Commission

CANDIDATE

(Please Type or Print)

Name Kent L. Thompson		
Street 1816 2800 Street		
City LaHarpe	County Allen	Zip Code 66751
Home Telephone 620-496-2255		Business Telephone 6203853197
Office Sought Representative		District No. 9

TREASURER

Date Appointed 12-31-2013		
Name Kent Thompson		
Address 1816 2800 Street		
City LaHarpe	Zip Code 66751	
Home Telephone 620-496-2255		Business Telephone 620-365-3197

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."

Jan 9, 2014
(Date)

[Signature]
(Signature of Candidate)

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