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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: **Fred D Rinne**
Address: **610 Madison St.**
Address2:
City: **Fredonia** Zip: **66736**
Home Phone: **(620) 378-3253** Business Phone: Cell Phone:
County: **Wilson** Email Address: **fdr@twinmounds.com**
Office Sought: **State Representative** District No.: **13**

Treasurer

Date Appointed: **06/19/2012**
Treasurer Name: **Lawanda Rinne**
Address: **610 Madison St.**
Address2:
City: **Fredonia** State: **KS** Zip: **66736**
Home Telephone: **(620) 378-3253** Business Phone: Cell Phone:
Email Address: **ljr@twinmounds.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: **7/27/2012 10:00:12 PM** Signature of Candidate: **Fred D. Rinne**

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