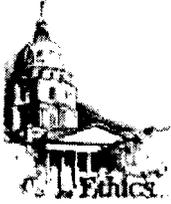


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate** Candidate Name: **Arthena Easterwood**  
Address: **11617 Cody St**  
Address2:  
City: **Overland Park** Zip: **66210**  
Home Phone: **(816) 756-9241** Business Phone: Cell Phone:  
County: **Johnson** Email Address: **arthena@arthenaeasterwood.com**  
Office Sought: **State Representative** District No.: **16**

**Treasurer** Date Appointed: **10/04/2013**  
Treasurer Name: **Sandra Easterwood**  
Address: **8601 W 116th St**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66210-3430**  
Home Telephone: Business Phone: Cell Phone: **(816) 665-0065**  
Email Address: **sandrilee33@yahoo.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: **10/4/2013 5:00:14 PM** Signature of Candidate: **Arthena Easterwood**

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This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Arthena Easterwood**  
Address: **11617 Cody St**  
Address2:  
City: **Overland Park** Zip: **66210**  
Home Phone: **(816) 756-9241** Business Phone: Cell Phone:  
County: **Johnson** Email Address: **arthena@arthenaeasterwood.com**  
Office Sought: **State Representative** District No.: **16**

**Treasurer** Date Appointed: **09/01/2013**  
Treasurer Name: **Arthena Easterwood**  
Address: **11617 Cody St**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66210-3430**  
Home Telephone: **(816) 756-9241** Business Phone: Cell Phone:  
Email Address: **arthena@arthenaeasterwood.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: **9/25/2013 4:09:29 PM** Signature of Candidate: **Arthena Easterwood**

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