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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: **James Azeltine**
Address: **12710 Birch Street**
Address2:
City: **Leawood** Zip: **66209**
Home Phone: **(913) 897-7963** Business Phone: **(913) 345-5415** Cell Phone: **(913) 579-6655**
County: **Johnson** Email Address: **jrazeltine@aol.com**
Office Sought: **State Representative** District No.: **28**

Treasurer Date Appointed: **06/20/2012**
Treasurer Name: **Kim Galbraith**
Address: **12804 Rosewood Street**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: **(913) 897-4686** Business Phone: **(913) 897-4686** Cell Phone: **(913) 269-0868**
Email Address: **kim.galbraith@sprint.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: **6/20/2012 11:02:40 AM** Signature of Candidate: **James Azeltine**

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