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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: **David R Anderson**
Address: **9152 Shorewood Dr**
Address2:
City: **De Soto** Zip: **66018**
Home Phone: **(913) 583-3362** Business Phone: **(913) 223-9878** Cell Phone: **(913) 223-9878**
County: **Johnson** Email Address: **danderson@servicespecialistks.com**
Office Sought: **State Representative** District No.: **38**

Treasurer

Date Appointed: **06/09/2012**
Treasurer Name: **Mitra Templin**
Address: **32312 W. 91st**
Address2:
City: **De Soto** State: **KS** Zip: **66018**
Home Telephone: **(913) 583-3183** Business Phone: Cell Phone: **(913) 433-6321**
Email Address: **moonfog@kc.rr.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 8:46:48 AM** Signature of Candidate: **David R. Anderson**

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