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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: **Patrick Bengtson**
Address: **2704 Lawrence Avenue**
Address2:
City: **Lawrence** Zip: **66047-3016**
Home Phone: **(785) 843-0502** Business Phone: **(785) 691-8908** Cell Phone: **(785) 691-8908**
County: **Douglas** Email Address: **pbbengtson@gmail.com**
Office Sought: **State Representative** District No.: **44**

Treasurer Date Appointed: **06/18/2012**
Treasurer Name: **Tim Bengtson**
Address: **2704 Lawrence Avenue**
Address2:
City: **Lawrence** State: **KS** Zip: **66047-3016**
Home Telephone: **(785) 843-0502** Business Phone: **(785) 843-0502** Cell Phone:
Email Address: **tbengtson@ku.edu**

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: **7/29/2012 2:42:39 PM** Signature of Candidate: **Patrick Bengtson**

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