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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: **Abbie Hodgson**
Address: **829 Missouri Street**
Address2:
City: **Lawrence** Zip: **66044**
Home Phone: **(785) 917-0229** Business Phone: Cell Phone:
County: **Douglas** Email Address: **abbie.hodgson@gmail.com**
Office Sought: **State Representative** District No.: **46**

Treasurer

Date Appointed: **08/11/2013**
Treasurer Name: **Jacob Beaumont**
Address: **946 Indiana St.**
Address2: **Apt. 4**
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: **(785) 218-6685** Business Phone: Cell Phone:
Email Address: **jacob.beaumont@gmail.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: **8/20/2013 10:13:31 AM** Signature of Candidate: **Abbie Hodgson**

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