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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: **Kristey S Williams**

Address: **506 Stone Lake Ct**

Address2:

City: **Augusta** Zip: **67010**

Home Phone: **(316) 775-1440** Business Phone: **(316) 775-4510** Cell Phone:

County: **Butler** Email Address: **kristeywilliams@yahoo.com**

Office Sought: **State Representative** District No.: **77**

**Treasurer** Date Appointed: **05/19/2014**

Treasurer Name: **Renee Harrison**

Address: **2035 N. Springbrook St.**

Address2:

City: **Andover** State: **KS** Zip: **67002**

Home Telephone: **(316) 393-3203** Business Phone: Cell Phone:

Email Address: **reneharrison1960@gmail.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: **7/9/2015 10:04:46 AM** Signature of Candidate: **Kristey Williams**

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County: **Butler** Email Address: **kristeywilliams@yahoo.com**  
Office Sought: **State Representative** District No.: **77**

**Treasurer** Date Appointed: **05/19/2014**  
Treasurer Name: **Renee Harrison**  
Address: **21 Taylor Ave**  
Address2:  
City: **Augusta** State: **KS** Zip: **67010**  
Home Telephone: **(316) 775-5819** Business Phone: Cell Phone:  
Email Address: **reneeharrison1960@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: **5/31/2014 4:22:25 PM** Signature of Candidate: **Kristey Williams**

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County: **Butler** Email Address: **kristeywilliams@yahoo.com**  
Office Sought: **State Representative** District No.: **77**

**Treasurer** Date Appointed: **05/19/2014**  
Treasurer Name: **Renee Harrison**  
Address: **21 Taylor Ave**  
Address2:  
City: **Augusta** State: **KS** Zip: **67010**  
Home Telephone: **(316) 775-5819** Business Phone: Cell Phone:  
Email Address: **wrcc1995@aol.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: **5/25/2014 7:30:04 PM** Signature of Candidate: **Kristey S Williams**

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