

# APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

GOVERNMENTAL ETHICS COMMISSION  
 JUN 02 2014  
 RECEIVED

This is an (Check one)  Initial Appointment  Amended Statement  
 (Please Type or Print)

**CANDIDATE**

Name <u>LYNN WELLS</u>			
Street <u>5800 PRESTON TRAIL</u>			
City <u>DERBY</u>	County <u>SEDAWALK</u>	Zip Code <u>67037</u>	
Home Telephone <u>N/A 316-461-2221 (C)</u>		Business Telephone <u>N/A</u>	
Office Sought <u>STATE REPRESENTATIVE</u>			District No. <u>81</u>

**TREASURER**

Date Appointed <u>6-2-14</u>	
Name <u>CRAIG WILSON</u>	
Address <u>8210 N 15TH ST N</u>	
City <u>WICHITA KS 67212-1612</u>	Zip Code <u>67212-1612</u>
Home Telephone <u>316-945-5320</u>	Business Telephone

**OR CANDIDATE COMMITTEE**

Date Appointed	
Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone

**SIGNATURE**  
 "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."

6-2-14 (Date)                      Lynn Wells (Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**