

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

FILED

AUG 17 2015

KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one)

☐

Initial Appointment

☒

Amended Statement

CANDIDATE

(Please Type or Print)

Name Danette Harris		
Street 1494 N. Powers Dr.		
City Mulvane	County Sumner	Zip Code 67110
Home Telephone 702-727-7021	Business Telephone	
Office Sought State Representative	District No. 82	

TREASURER

Date Appointed 6/2014	
Name Pat McCurdy	
Address 1494 N. Powers Dr.	
City Mulvane	Zip Code 67110
Home Telephone 316-777-1857	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."

7/28/15

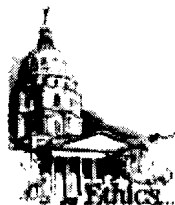
(Date)



(Signature of Candidate)

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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: **Danette Harris**
Address: **1490 E. Shady Lane**
Address2:
City: **Mulvane** Zip: **67110**
Home Phone: Business Phone: Cell Phone: **(702) 727-7021**
County: **Sumner** Email Address: **danette.harris@yahoo.com**
Office Sought: **State Representative** District No.: **82**

Treasurer Date Appointed: **06/01/2014**
Treasurer Name: **Patricia McCurdy**
Address: **1494 N. Powers Dr**
Address2:
City: **Mulvane** State: **KS** Zip: **67110**
Home Telephone: **(316) 777-1857** Business Phone: Cell Phone: **(316) 737-2154**
Email Address: **p_mccurdy@sbcglobal.net**

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: **6/1/2014 11:54:32 AM** Signature of Candidate: **Danette Harris**

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