

[Print this form](#) or [Go Back](#)

**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: **Robin Salem Clements**
Address: **3117 Keywest Court**
Address2:
City: **Wichita** Zip: **67204-2327**
Home Phone: **(316) 832-9710** Business Phone: **(316) 518-1917** Cell Phone:
County: **Sedgwick** Email Address: **publicsolutions@yahoo.com**
Office Sought: **State Representative** District No.: **91**

Treasurer

Date Appointed: **06/11/2012**
Treasurer Name: **John Salem**
Address: **7700 E. 13th. St. N., #19**
Address2:
City: **Wichita** State: **KS** Zip: **67206**
Home Telephone: **(316) 312-1168** Business Phone: **(316) 312-1168** Cell Phone:
Email Address: **johnfsalem@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: **7/28/2012 5:29:15 PM** Signature of Candidate: **Robin Salem Clements**[Print this form](#) or [Go Back](#)