

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM**  
*State*  
**FOR CANDIDATE FOR ~~LOCAL~~ OFFICE**

RECEIVED

MAY 09 2014

KRIS W. KOBACH  
SECRETARY OF STATE

This is an (Check one)



Initial Appointment



Amended Statement

(Please Type or Print)

**CANDIDATE**

Name	Jim Rice		
Street	11232 Rd K		
City	Liberal	County	Seward
Zip Code	67901		
Home Telephone	620 624 3140	Business Telephone	620 624 3140
Office Sought	ST. Representative		District No.
			125

**TREASURER**

Date Appointed			
Name	Karen Warden		
Address	12780 Rd 2 S.		
City	Liberal	Zip Code	67901
Home Telephone	620 629 0351	Business Telephone	620 626 3220

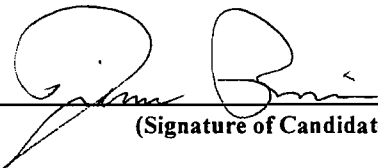
**OR CANDIDATE COMMITTEE**

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."

5-5-2014  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS