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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: **Christy C Levings**  
Address: **27845 West 343rd Street**  
Address2:  
City: **Osawatomie** Zip: **66064**  
Home Phone: **(913) 755-4938** Business Phone: Cell Phone: **(785) 845-4669**  
County: **Miami** Email Address: **Christy.levings@gmail.com**  
Office Sought: **State Representative** District No.: **6**

**Treasurer** Date Appointed: **06/09/2014**  
Treasurer Name: **Jana Wilkerson**  
Address: **1 Grandview Drive**  
Address2:  
City: **Paola** State: **KS** Zip: **66071**  
Home Telephone: **(913) 294-4370** Business Phone: Cell Phone: **(136) 665-6650**  
Email Address: **Jswilkerson57@hotmail.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: **7/18/2014 11:58:36 AM** Signature of Candidate: **Christy C. Levings**

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