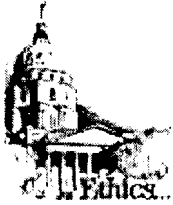


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Kent L Thompson**

Address: **1816 2800 Street**

Address2:

City: **LaHarpe** Zip: **66751**

Home Phone: **(620) 496-2255** Business Phone: **(620) 365-3197** Cell Phone: **(620) 496-7200**

County: **Allen** Email Address: **kent@iolare.kscoxmail.com**

Office Sought: **State Representative** District No.: **9**

Treasurer Date Appointed: **06/06/2014**

Treasurer Name: **Dick Works**

Address: **720 600 Street**

Address2:

City: **Humboldt** State: **KS** Zip: **66748**

Home Telephone: **(620) 473-3566** Business Phone: **(620) 496-7444** Cell Phone: **(620) 496-7444**

Email Address: **dickworks@gmail.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: **11/18/2015 12:37:09 PM** Signature of Candidate: **Kent L Thompson**

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