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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: **Tom H Cox**
Address: **14814 W 71 terr**
Address2:
City: **Shawnee** Zip: **66216**
Home Phone: Business Phone: Cell Phone: **(913) 593-7464**
County: **Johnson** Email Address: **tom@tom-cox.org**
Office Sought: **State Representative** District No.: **17**

Treasurer Date Appointed: **03/17/2016**
Treasurer Name: **Mike Rivera**
Address: **1203 N 131st Terr**
Address2:
City: **Kansas City** State: **KS** Zip: **66109**
Home Telephone: Business Phone: Cell Phone:
Email Address: **Mike.rivera40@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:
Address:
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: **7/25/2016 9:30:23 AM** Signature of Candidate: **Tom Cox**

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KRIS W. KOBACH
SECRETARY OF STATE

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name	Tom Cox				
Street	14814 W 71 terr				
City	Shawnee	County	Johnson	Zip Code	66216
Home Telephone	913-593-7464	Business Telephone	913-254-3386		
Office Sought	State Representative		District No.	17	

TREASURER

Date Appointed	3/17/16				
Name	Mike Rivera				
Address	1203 n 131st Terr				
City	Kansas City			Zip Code	66109
Home Telephone	913-484-9997	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."

3/17/16

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS