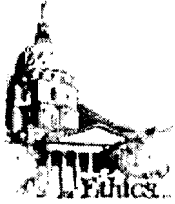


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **DARLA K GRAHAM**  
Address: **9133 ALLMAN ROAD**  
Address2:  
City: **LENEXA** Zip: **66219**  
Home Phone: Business Phone: Cell Phone: **(816) 805-5209**  
County: **Johnson** Email Address: **darlafordistrict30@gmail.com**  
Office Sought: **State Representative** District No.: **30**

**Treasurer** Date Appointed: **05/10/2016**  
Treasurer Name: **Paul Buchmann**  
Address: **13312 West 84th Street**  
Address2:  
City: **Lenexa** State: **KS** Zip: **66215**  
Home Telephone: Business Phone: Cell Phone: **(816) 805-5209**  
Email Address: **darlafordistrict30@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:

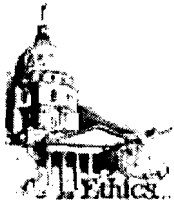
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **5/10/2016 9:20:45 AM** Signature of Candidate: **Darla Graham**

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This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **DARLA K GRAHAM**  
Address: **9133 ALLMAN ROAD**  
Address2:  
City: **LENEXA** Zip: **66219**  
Home Phone: Business Phone: Cell Phone: **(816) 805-5209**  
County: **Johnson** Email Address: **darlafordistrict30@gmail.com**  
Office Sought: **State Representative** District No.: **30**

**Treasurer** Date Appointed: **05/04/2016**  
Treasurer Name: **Darla Graham**  
Address: **9133 Allman Road**  
Address2:  
City: **Lenexa** State: **KS** Zip: **66219**  
Home Telephone: Business Phone: Cell Phone: **(816) 805-5209**  
Email Address: **darlafordistrict30@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: **5/4/2016 7:29:00 PM** Signature of Candidate: **Darla K Graham**

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