

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM** RECEIVED
FOR CANDIDATE FOR STATE OFFICE

JUN 05 2016

This is an (Check one) Initial Appointment Amended Statement KS Governmental Ethics Commission

CANDIDATE (Please Type or Print)

Name	Connie O'Brien		
Street	P.O. Box 61		
City	County	Zip Code	
Tonganoxie	LV	66086	
Home Telephone	Business Telephone		
913-706-2396			
Office Sought	District No.		
House Representative	42nd		

TREASURER

Date Appointed	Jan. 2014		
Name	Jennifer Hoehler		
Address	21833 219th St		
City	Zip Code		
Tonganoxie	66086		
Home Telephone	Business Telephone		
913-369-3137			

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."

June 4, 2016
(Date)

Connie O'Brien
(Signature of Candidate)

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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: **Connie R O'Brien**

Address: **P O Box 61**

Address2:

City: **Tonganoxie** Zip: **66086**

Home Phone: **(913) 369-3137** Business Phone: **(785) 296-7671** Cell Phone: **(913) 488-0160**

County: **Leavenworth** Email Address: **edconob@aol.com**

Office Sought: **State Representative** District No.: **42**

Treasurer Date Appointed: **01/01/2014**

Treasurer Name: **Jennifer Loechler**

Address: **21900 219th Street**

Address2:

City: **Tonganoxie** State: **KS** Zip: **66086**

Home Telephone: Business Phone: Cell Phone: **(913) 488-0106**

Email Address: **loechler4lif@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: **7/27/2014 11:19:56 PM** Signature of Candidate: **Jennifer D Loechler**

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