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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: **Renae M Hansen**
Address: **4448 SE 105th Street**
Address2:
City: **Berryton** Zip: **66409**
Home Phone: Business Phone: Cell Phone: **(785) 221-1734**
County: **Shawnee** Email Address: **renae.hansen@gmail.com**
Office Sought: **State Representative** District No.: **54**

Treasurer Date Appointed: **06/01/2016**
Treasurer Name: **Lori Meens**
Address: **2318 SW Briarwood**
Address2:
City: **Topeka** State: **KS** Zip: **66611**
Home Telephone: **(785) 969-1623** Business Phone: **(785) 836-3410** Cell Phone:
Email Address: **lorimeens@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: **6/2/2016 2:58:58 PM** Signature of Candidate: **Renae M. Hansen**

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Candidate Candidate Name: **Renae M Hansen**
Address: **4448 SE 105th Street**
Address2:
City: **Berryton** Zip: **66409**
Home Phone: Business Phone: Cell Phone: **(785) 221-1734**
County: **Shawnee** Email Address: **renae.hansen@gmail.com**
Office Sought: **State Representative** District No.: **54**

Treasurer Date Appointed: **06/01/2016**
Treasurer Name: **Lori Meens**
Address: **2518 SW Briarwood**
Address2:
City: **Topeka** State: **KS** Zip: **66611**
Home Telephone: **(785) 969-1623** Business Phone: **(785) 836-3410** Cell Phone:
Email Address: **lorimeens@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:
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: **6/2/2016 8:08:32 AM** Signature of Candidate: **Renae M. Hansen**

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