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

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is an (Check one)     Initial Appointment     Amended Statement

**Candidate** Candidate Name: **Blaine Finch**  
Address: **5 SW Fairview Dr**  
Address2:  
City: **Ottawa** Zip: **66067**  
Home Phone:    Business Phone: **(785) 242-6400** Cell Phone:  
County: **Franklin** Email Address: **blaine@greenandfinch.com**  
Office Sought: **State Representative** District No.: **59**

**Treasurer** Date Appointed: **06/11/2012**  
Treasurer Name: **Robert Greenfield**  
Address: **4146 Louisiana Terrace**  
Address2:  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: **(785) 242-2950** Business Phone: Cell Phone:  
Email Address: **bobkathy.greenfield@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: **7/10/2017 12:06:40 PM** Signature of Candidate: **Robert W Greenfield Treasurer**

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**Candidate**

Candidate Name: **Blaine Finch**  
Address: **5 SW Fairview Dr**  
Address2:  
City: **Ottawa** Zip: **66067**  
Home Phone: Business Phone: **(785) 242-6400** Cell Phone:  
County: **Franklin** Email Address: **blaine@greenandfinch.com**  
Office Sought: **State Representative** District No.: **59**

**Treasurer**

Date Appointed: **06/11/2012**  
Treasurer Name: **Robert Greenfield**  
Address: **227 S Main**  
Address2:  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: Business Phone: **(785) 242-6200** Cell Phone:  
Email Address: **bobgreenfield@gdrcpa.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: **7/23/2012 4:44:14 PM** Signature of Candidate: **Robert Greenfield**[Print this form](#) or [Go Back](#)