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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: **Laura A Blevins**
Address: **963 S Highway 4**
Address2:
City: **White City** Zip: **66872**
Home Phone: Business Phone: Cell Phone: **(620) 617-7181**
County: **Morris** Email Address: **Lblevins218@gmail.com**
Office Sought: **State Representative** District No.: **68**

Treasurer Date Appointed: **06/06/2016**
Treasurer Name: **Laura A Blevins**
Address: **963 S Highway 4**
Address2:
City: **White City** State: **KS** Zip: **66872**
Home Telephone: Business Phone: Cell Phone: **(620) 617-7181**
Email Address: **Lblevins218@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: **6/6/2016 1:34:09 PM** Signature of Candidate: **Laura A. Blevins**

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