APPOINTMENT OF

FILED

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

MAY 1 7 20

This is an (Check one)	Initial Appointment Amended Statement KRIS W KO SECRETARY O
CANDIDATE	(Please Type or Print)
Name Micholas Albritton	
Street 2027 Qual Run	
City Junkoun Liv	County Geary Zip Code /a (44)
Home Telephone 785-375-	· · · · · · · · · · · · · · · · · · ·
Office Sought House of Repre	
TREASURER	
Date Appointed 5-17-16	
Name Shomaine Albrittan	
Address 2027 Qual Run	
City Tunction City	Zip Code (ele 44)
Home Telephone 7% 5-375-28	
Date Appointed Chairperson's Name	· · _
Address	
City	Zip Code
Home Telephone	The state of the s
Treasurer's Name	Business Telephone
Address	
City	Zip Code
Home Telephone	Business Telephone
	Dustries A Cichadile
I declare that this statement has be	en examined by me and to the best of my knowledge and belief is tru
I declare that this statement has be crect and complete. I understand th	nat the intentional failure to file this document or intentionally filing
I declare that this statement has be rrect and complete. I understand th	nat the intentional failure to file this document or intentionally filing
	nat the intentional failure to file this document or intentionally filing

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Governmental Ethics Commission

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