

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

**FILED**  
JUN 25 2014  
KRIS W. KOBACH  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement

**CANDIDATE** (Please Type or Print)

Name	CLARY SWARTZENRUBER		
Street	538 S. COLLEGE AVE.		
City	Salina	County	Saline
		Zip Code	67401
Home Telephone	7358209347	Business Telephone	
Office Sought	KS STATE REPRESENTATIVE		District No. 69

**TREASURER**

Date Appointed	6-25-14		
Name	JOHNNA VOSSER		
Address	1027 SECT AVE.		
City	Salina	Zip Code	67401
Home Telephone	736207157	Business Telephone	

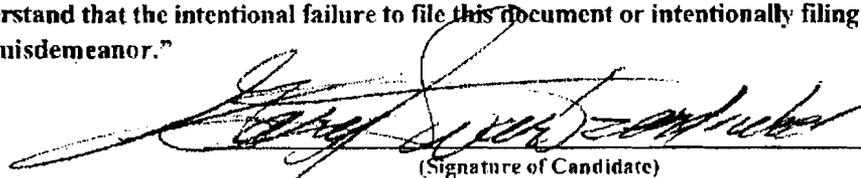
**OR CANDIDATE COMMITTEE**

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."

6-25-14  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS