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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: **Thomas N Bell**
Address: **1215 Columbine LN**
Address2:
City: **Salina** Zip: **67401**
Home Phone: **(785) 825-9115** Business Phone: Cell Phone:
County: **Saline** Email Address: **bellforhouse@gmail.com**
Office Sought: **State Representative** District No.: **71**

Treasurer Date Appointed: **10/20/2014**
Treasurer Name: **Thomas Bell**
Address: **1215 Columbine LN**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 825-9115** Business Phone: Cell Phone:
Email Address: **bellforhouse@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:
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: **1/7/2015 2:05:54 PM** Signature of Candidate: **Thomas N. Bell**

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