

Appt of Treasurer- STATE CFA.. 1 / 2

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

KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <u>KRISTEY S. WILLIAMS</u>			
Street <u>506 STONE LAKE CT</u>			
City <u>AUGUSTA</u>	County <u>BUTLER</u>	Zip Code <u>67010</u>	
Home Telephone <u>316-775-1440</u>		Business Telephone	
Office Sought <u>STATE REPRESENTATIVE</u>		District No. <u>77</u>	


TREASURER

Date Appointed <u>6/21/16</u>	
Name <u>GREG DEHLINGER</u>	
Address <u>PO Box 387, 2805 Danbury Rd</u>	
City <u>AUGUSTA</u>	Zip Code <u>67010</u>
Home Telephone <u>316-734-0397</u>	Business Telephone <u>316-734-0397</u>

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

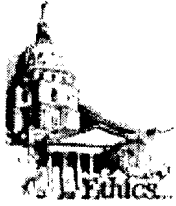
SIGNATURE
 "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

6/21/16 
 (Date) (Signature of Candidate)

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Governmental Ethics Commission Rev.2000

INSTRUCTIONS

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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: **Kristey S Williams**

Address: **506 Stone Lake Ct**

Address2:

City: **Augusta** Zip: **67010**

Home Phone: **(316) 775-1440** Business Phone: **(316) 775-4510** Cell Phone:

County: **Butler** Email Address: **kristeywilliams@yahoo.com**

Office Sought: **State Representative** District No.: **77**

Treasurer Date Appointed: **05/19/2014**

Treasurer Name: **Renee Harrison**

Address: **2035 N. Springbrook St.**

Address2:

City: **Andover** State: **KS** Zip: **67002**

Home Telephone: **(316) 393-3203** Business Phone: Cell Phone:

Email Address: **reneeharrison1960@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: **7/9/2015 10:04:46 AM** Signature of Candidate: **Kristey Williams**

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