	APPOINTMENT OF
TREA	ASURER OR CANDIDATE COMMITTEE FORM
RECEIVED MAY 17 2016 This is CANDIDATE Name Allen C Street 1909 5 City Olathe Home Telephone 9	FOR CANDIDATE FOR STATE OFFICE/0/6 MAY 17 PM 12: 4 DOMINISSION an (Check one) Initial Appointment Amended Statement COUNTY: KANSA (Please Type or Print) Lay ton County Sohn Son Zip Code (606) 2 13-449-5410 Business Telephone
Office Sought Loca	al Representative District No. 78
 	117/16 1ayton 5. Osage (, b <u>Zip Code (66062</u> 13-449-5410 Business Telephone
OR CANDIDATE Date Appointed	COMMITTEE
Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone

" 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."

<u>5/17/1(</u> (Date)

allen G

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000