

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

OCT 31 2016
Arkansas Governmental Ethics Commission

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name Anita Judd-Jenkins		
Street 225 North C Street		
City Arkansas City	County Cowley	Zip Code 67005
Home Telephone 620-442-8375	Business Telephone 620-441-8376	
Office Sought State Representative	District No. 80	

TREASURER

Date Appointed 10/28/2016		
Name Otis W. Morrow		
Address PO Box 1146, 125 W Fifth Ave		
City Arkansas City	Zip Code 67005	
Home Telephone 620-446-1318	Business Telephone 620-442-6010	

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."

10/31/2016
(Date)

Anita Judd Jenkins
(Signature of Candidate)

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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: **Anita Judd-Jenkins**
Address: **225 N C St**
Address2:
City: **Arkansas City** Zip: **67005**
Home Phone: **(602) 442-8375** Business Phone: Cell Phone: **(620) 441-8376**
County: **Cowley** Email Address: **anita.juddjenkins@gmail.com**
Office Sought: **State Representative** District No.: **80**

Treasurer Date Appointed: **10/28/2016**
Treasurer Name: **Tracy Muller**
Address: **1005 N 2nd St**
Address2:
City: **Arkansas City** State: **KS** Zip: **67005**
Home Telephone: **(620) 307-6290** Business Phone: Cell Phone:
Email Address: **tmullertwin1@gmail.com**

Candidate Committee Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **10/28/2016 6:49:58 PM** Signature of Candidate: **Tracy L Muller**

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Candidate Candidate Name: **Anita L Judd-Jenkins**
Address: **225 North C Street**
Address2:
City: **Arkansas City** Zip: **67005**
Home Phone: **(620) 442-8375** Business Phone: Cell Phone: **(620) 441-8376**
County: **Cowley** Email Address: **anitron@cox.net**
Office Sought: **State Representative** District No.: **80**

Treasurer Date Appointed: **06/02/2016**
Treasurer Name: **Otis W Morrow**
Address: **125 W Fifth Ave**
Address2: **PO 1146**
City: **Arkansas City** State: **KS** Zip: **67005-1146**
Home Telephone: **(620) 442-5801** Business Phone: **(620) 442-6010** Cell Phone: **(620) 446-1318**
Email Address: **t_omorrow@cox.net**

Candidate Committee Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **6/2/2016 2:33:39 PM** Signature of Candidate: **Anita L. Judd-Jenkins**

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**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM FILED
FOR CANDIDATE FOR LOCAL OFFICE**

FILED
MAY 26 2016
KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one)

Initial Appointment

Amended Statement

(Please Type or Print)

CANDIDATE

Name	Amita Judd-Jenkins		
Street	225 N "C" ST		
City	ARKANSAS CITY KS	County	COWLEY Zip Code 67005
Home Telephone	620 442 8375	Business Telephone	
Office Sought	Representative	District No.	80

TREASURER

Date Appointed	5-25-16		
Name	OTIS W MORROW		
Address	125 W FIFTH AVE PO 1146		
City	ARKANSAS CITY KS	Zip Code	67005
Home Telephone	620 442 5801	Business Telephone	620 442 6010

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."

5/25/16
(Date)

Amita Judd-Jenkins
(Signature of Candidate)

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