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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: **Pete DeGraaf**
Address: **1545 E. 119th**
Address2:
City: **Mulvane** Zip: **67110**
Home Phone: **(316) 777-1414** Business Phone: **(316) 777-1414** Cell Phone: **(316) 777-1414**
County: **Sumner** Email Address: **degraafs4u@att.net**
Office Sought: **State Representative** District No.: **82**

Treasurer Date Appointed: **04/10/2012**
Treasurer Name: **Karen DeGraaf**
Address: **1545 E. 119th**
Address2:
City: **Mulvane** State: **KS** Zip: **67110**
Home Telephone: **(316) 777-1414** Business Phone: **(316) 777-1414** Cell Phone: **(316) 777-0715**
Email Address: **degraafs4u@att.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:
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: **7/28/2012 8:53:44 PM** Signature of Candidate: **Pete DeGraaf**

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