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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](http://www.kansas.gov/ethics)

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Gail Finney**  
Address: **1754 N Madison Ave**  
Address2:  
City: **Wichita** Zip: **67214**  
Home Phone: **(316) 768-0615** Business Phone: **(316) 768-0615** Cell Phone: **(316) 768-0615**  
County: **Sedgwick** Email Address: **gafinney5@yahoo.com**  
Office Sought: **State Representative** District No.: **84**

**Treasurer** Date Appointed: **01/09/2012**  
Treasurer Name: **Jerrold Finney**  
Address: **1754 N Madison Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67214**  
Home Telephone: **(316) 990-8906** Business Phone: **(316) 687-5566** Cell Phone: **(316) 990-8906**  
Email Address: **gafinney5@yahoo.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:  
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: **1/8/2012 1:52:23 AM** Signature of Candidate: **Gail Finney**

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