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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: **Lou Cicirello**  
Address: **1041 N Old Trail CIR**  
Address2:  
City: **Valley Center** Zip: **67147**  
Home Phone: **(316) 755-3302** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **lwccrc@cox.net**  
Office Sought: **State Representative** District No.: **90**

**Treasurer** Date Appointed: **04/21/2016**  
Treasurer Name: **Robert Wilson**  
Address: **1040 N Old Trail CIR**  
Address2:  
City: **Valley Center** State: **KS** Zip: **67147**  
Home Telephone: **(316) 755-3722** Business Phone: Cell Phone:  
Email Address: **robert\_wilson00@live.com**

**Candidate** Date Appointed: **05/09/2016**  
**Committee** Chairperson's Name: **None None**  
Address: **None**  
Address2:  
City: **None** State: **KS** Zip: **0**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **none@email.com**

Date Appointed: **04/21/2016**  
Treasurer's Name: **Robert Wilson**  
Address2:  
City: **Valley Center** State: **KS** Zip: **67147**  
Home Telephone: **(316) 755-3722** Business Phone: Cell Phone:  
Email Address: **robert\_wilson00@live.com**

**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: **5/10/2016 9:06:53 PM** Signature of Candidate: **Louis W. Cicirello**

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