

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

APR 12 2016

KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

| | | | |
|----------------|-------------------------------|--------------------|---------------|
| Name | Gregory Lakin | | |
| Street | hm 2324 W. Timbercreek Circle | | |
| City | Wichita | County | Sedgwick |
| | | Zip Code | 67204 |
| Home Telephone | 316-640-0601 | Business Telephone | (316)201-1234 |
| Office Sought | State Rep | District No. | 91 |

TREASURER

| | | | |
|----------------|---|--------------------|--------------|
| Date Appointed | 4/8/16 | | |
| Name | Jim Schroeder | | |
| Address | bus 4838 W. Central (Central National Bank) | | |
| City | Wichita KS | Zip Code | 67212 |
| Home Telephone | | Business Telephone | 316 941-9100 |

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."

4/12/16
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS