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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: **Daniel R Hawkins**  
Address: **9406 Harvest LN**  
Address2:  
City: **Wichita** Zip: **67212-4218**  
Home Phone: **(316) 722-7307** Business Phone: **(316) 722-7307** Cell Phone: **(316) 371-1667**  
County: **Sedgwick** Email Address: **dhawkins@hawkinsgroupinc.com**  
Office Sought: **State Representative** District No.: **100**

**Treasurer** Date Appointed: **06/11/2012**  
Treasurer Name: **Diane Hawkins**  
Address: **9406 Harvest LN**  
Address2:  
City: **Wichita** State: **KS** Zip: **67212-4218**  
Home Telephone: **(316) 722-7307** Business Phone: **(316) 204-4313** Cell Phone: **(316) 208-1249**  
Email Address: **ddiane.hawkins@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:  
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: **7/27/2012 1:24:15 PM** Signature of Candidate: **Daniel R. Hawkins**

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