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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: **Lowell J Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: Business Phone: Cell Phone: **(620) 382-5419**
County: **Reno** Email Address: **lowell@peacheyleadership.com**
Office Sought: **State Representative** District No.: **104**

Treasurer Date Appointed: **10/31/2016**
Treasurer Name: **Lowell J Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone:
Email Address: **lowell@peacheyleadership.com**

Candidate Committee Date Appointed: **06/13/2016**
Chairperson's Name: **Bob Hall**
Address: **2407 Kipling Place**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 899-5611**
Email Address: **peacheyfor104thdistrict@gmail.com**

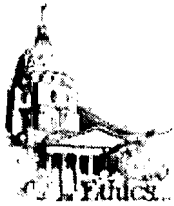
Date Appointed: **06/13/2016**
Treasurer's Name: **Rita Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 899-5611**
Email Address: **peacheyfor104thdistrict@gmail.com**

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: **10/31/2016 8:39:42 PM** Signature of Candidate: **Lowell J Peachey**

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This is an (Check one) Initial Appointment Amended Statement

Candidate Candidate Name: **Lowell J Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: Business Phone: Cell Phone: **(620) 382-5419**
County: **Reno** Email Address: **lowell@peacheyleadership.com**
Office Sought: **State Representative** District No.: **104**

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

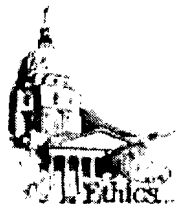
Candidate Committee Date Appointed: **06/13/2016**
Chairperson's Name: **Bob Hall**
Address: **2407 Kipling Place**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 899-5611**
Email Address: **peacheyfor104thdistrict@gmail.com**

Date Appointed: **06/13/2016**
Treasurer's Name: **Rita Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 899-5611**
Email Address: **peacheyfor104thdistrict@gmail.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: **6/18/2016 6:40:36 AM** Signature of Candidate: **Lowell J Peachey**

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

Candidate Candidate Name: **Lowell J Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: Business Phone: Cell Phone: **(620) 382-5419**
County: **Reno** Email Address: **lowell@peacheyleadership.com**
Office Sought: **State Representative** District No.: **104**

Treasurer Date Appointed: **05/31/2016**
Treasurer Name: **Lowell J Peachey**
Address: **209 Hyde Park Dr**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 382-5419**
Email Address: **lowell@peacheyleadership.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **5/31/2016 10:20:04 AM** Signature of Candidate: **Lowell J Peachey**

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