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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: **Brenda K Landwehr**  
Address: **2611 N Bayside Ct**  
Address2:  
City: **Wichita** Zip: **67205**  
Home Phone: **(316) 821-9800** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **landwehr105@gmail.com**  
Office Sought: **State Representative** District No.: **105**

**Treasurer** Date Appointed: **05/12/2016**  
Treasurer Name: **Linda L Arensdorf**  
Address: **11806 W Lost Creek**  
Address2:  
City: **Wichita** State: **KS** Zip: **67212**  
Home Telephone: **(316) 773-5524** Business Phone: Cell Phone:  
Email Address: **linda.arendorf@gmail.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: **7/18/2016 3:42:09 PM** Signature of Candidate: **Brenda Landwehr**

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

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

CANDIDATE

Name	BRENDA K. LANDWEHR		
Street	2411 N. BAYSIDE CT		
City	County	Zip Code	67205
Home Telephone	316-821-9800	Business Telephone	316-945-2011
Office Sought	HOUSE OF REPRESENTATIVES		District No. 105

TREASURER

Date Appointed			
Name	LINDA MARSHOFF ARENSDORF		
Address	11806 W. LOST CREEK		
City	WICHITA	Zip Code	67212
Home Telephone	316-773-5524	Business Telephone	

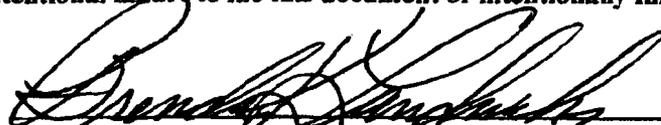
OR CANDIDATE COMMITTEE

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."

5-12-16  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS