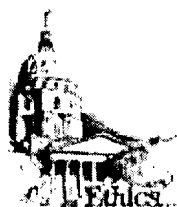


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Beth A Owens**
Address: **309 S. Hanover**
Address2: **PO Box 323**
City: **Hanover** Zip: **66945**
Home Phone: **(785) 337-2782** Business Phone: Cell Phone: **(785) 713-0965**
County: **Washington** Email Address: **sage_light2000@yahoo.com**
Office Sought: **State Representative** District No.: **106**

Treasurer Date Appointed: **05/23/2016**
Treasurer Name: **John G Owens**
Address: **309 S. Hanover**
Address2: **PO Box 323**
City: **Hanover** State: **KS** Zip: **66945**
Home Telephone: **(785) 337-2782** Business Phone: Cell Phone: **(785) 713-0965**
Email Address: **nckansans4peace@yahoo.com**

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:
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: **6/2/2016 1:25:40 PM** Signature of Candidate: **Beth A. Owens**

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