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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: **Susan L Concannon**
Address: **921 North Mill**
Address2:
City: **Beloit** Zip: **67420**
Home Phone: **(785) 738-3161** Business Phone: Cell Phone: **(785) 738-8087**
County: **Mitchell** Email Address: **dtpruitt@nckcn.com**
Office Sought: **State Representative** District No.: **107**

Treasurer

Date Appointed: **06/01/2012**
Treasurer Name: **Tamarah Pruitt**
Address: **P O Box 607**
Address2:
City: **Beloit** State: **KS** Zip: **67420**
Home Telephone: **(785) 738-2904** Business Phone: **(785) 738-3501** Cell Phone:
Email Address: **dtpruitt@nckcn.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:
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: **7/30/2012 5:32:09 PM** Signature of Candidate: **Susan L. Concannon**[Print this form](#) or [Go Back](#)