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

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **David W French**
Address: **950 Holiday Dr.**
Address2:
City: **Lansing** Zip: **66043**
Home Phone: Business Phone: Cell Phone: **(913) 707-5106**
County: **Leavenworth** Email Address: **dwfrench4@gmail.com**
Office Sought: **State Representative** District No.: **40**

Treasurer Date Appointed: **01/15/2019**
Treasurer Name: **Linda French**
Address: **950 Holiday Dr.**
Address2:
City: **Lansing, KS** State: **KS** Zip: **66043**
Home Telephone: Business Phone: Cell Phone: **(913) 488-5106**
Email Address: **amorevino51@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: **1/15/2019 3:07:30 PM** Signature of Candidate: **David W. French**

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County: **Leavenworth** Email Address: **dwfrench4@gmail.com**
Office Sought: **State Representative** District No.: **40**

Treasurer Date Appointed: **05/01/2018**
Treasurer Name: **Hitomi Morford**
Address: **24120 147th St**
Address2:
City: **Leavenworth** State: **KS** Zip: **66048**
Home Telephone: Business Phone: Cell Phone: **(913) 702-4776**
Email Address: **hitomikmorford@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: **5/7/2018 12:54:34 PM** Signature of Candidate: **David W. French**

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