

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

This is an (Check one) 🗹 Initial Appointment 🗌 Amended Statement

Candidate Candidate Name: Lance W Neelly Address: 2129 Willowbend Address2: City: Tonganoxie Zip: 66086 Home Phone: Business Phone: Cell Phone: (816) 805-7979 County: Leavenworth Email Address: kndsours@ymail.com Office Sought: State Representative District No.: 42

Treasurer Date Appointed: 04/01/2018 Treasurer Name: Rodney Sours

> Address: 14648 222nd St Address2: City: Linwood State: KS Zip: 66052 Home Telephone: Business Phone: Cell Phone: (816) 805-7979 Email Address: kndsours@ymail.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: 7/30/2018 11:58:57 PM Signature of Candidate: Rodney K. Sours

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

APPOINTMENT OF	
TREASURER OR CANDIDATE COMMITTEE FO	ORM FILED
FOR CANDIDATE FOR STATE OFFICE	APR 1 6 2018 KRIS W. KOBACH SECRETARY OF STA
This is an (Check one)       Initial Appointment       Amended Statement         CANDIDATE       (Please Type or Print)         Name       Agnce       Western       Neelly	
Street 2/29 Willow bend Drive	
City Tonganoxie County Leaven Work Zip Code 6601 Home Telephone 913-927-6288 Business Telephone	36
Office Sought State Representative District No. 42	nal
Date Appointed $3/18/2018$ NameRODNEYKIRK"SOURSAddress14648222 nd57.City $L_1NUUDAD$ , KSZip Code (605Home Telephone $CELL 816-805-7979$ Business Telephone11	2
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	

"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."

4/-/6~/8 (Date)

Sahul (Signature of Candidate)

## SEE REVERSE SIDE FOR INSTRUCTIONS

**Governmental Ethics Commission** 

Rev.2000