

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

JAN 09 2018

KRIS W. KOBACH  
SECRETARY OF STATE

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

**CANDIDATE**

Name <i>Fsehanjon Desalegn</i>		
Street <i>15345 W. 128<sup>th</sup> St.</i>		
City <i>Olathe</i>	County <i>Johnson</i>	Zip Code <i>66062</i>
Home Telephone <i>913-375-5297</i>	Business Telephone <i>913-375-5297</i>	
Office Sought <i>State Representative</i>	District No. <i>49</i>	

**TREASURER**

Date Appointed <i>01-09-18</i>		
Name <i>Fsehanjon Desalegn</i>		
Address <i>15345 W. 128<sup>th</sup> St.</i>		
City <i>Olathe</i>	Zip Code <i>66062</i>	
Home Telephone <i>913-375-5297</i>	Business Telephone <i>913-375-5297</i>	

**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."

01-09-18

(Date)

*Fsehanjon Desalegn*

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS