APPOINTMENT OF FILED TREASURER OR CANDIDATE COMMITTEE FORM MAY 1 0 2010 FOR CANDIDATE FOR STATE OFFICE RON THORNBURGH RON INVITION STATE SECANDIDATE Name This is an (Check one) Initial Appointment **Amended Statement** (Please Type or Print) SAHROEDER Street PHARLES ST City County Zip Code 67062 Home Telephone 620-327-4427 **Business Telephone** Office Sought HOUSE OF REPRESENTATIVES District No. TREASURER Date Appointed 05-21-06 Name Address 5800 W. Dutch AUE Zip Code 67/07 City **Business Telephone** Home Telephone 1620-345-8531 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." 05-10-10 (Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000