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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](http://ethics.kansas.gov)

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

**Candidate** Candidate Name: **Jesse A Burris**  
Address: **1545 E. 119th Street South**  
Address2:  
City: **Mulvane** Zip: **67110**  
Home Phone: Business Phone: Cell Phone: **(316) 749-8303**  
County: **Sumner** Email Address: **Vote4Burris@gmail.com**  
Office Sought: **State Representative** District No.: **82**

**Treasurer** Date Appointed: **05/12/2017**  
Treasurer Name: **Peter DeGraaf**  
Address: **1545 E. 119th Street**  
Address2:  
City: **Mulvane** State: **KS** Zip: **67110**  
Home Telephone: **(316) 777-1414** Business Phone: Cell Phone: **(316) 613-1899**  
Email Address: **PeteDeGraaf@att.net**

**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: **7/17/2018 1:56:22 AM** Signature of Candidate: **Peter J. DeGraaf**

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Home Telephone: **(316) 777-1414** Business Phone: Cell Phone: **(316) 613-1899**  
Email Address: **PeteDeGraaf@att.net**

**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: **12/27/2017 10:57:39 PM** Signature of Candidate: **Jesse Burris**

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MAY 12 2017

KRIS W. KOBACH  
SECRETARY OF STATE**APPOINTMENT OF****TREASURER OR CANDIDATE COMMITTEE FORM****FOR CANDIDATE FOR STATE OFFICE**

This is an (Check one)



Initial Appointment



Amended Statement

**CANDIDATE**

(Please Type or Print)

Name	Jesse A. Burris		
Street	1545 E 119 <sup>th</sup> Street		
City	Mulvane	County	Sumner
		Zip Code	67110
Home Telephone	316-351-8340	Business Telephone	
Office Sought	State Representative		District No. 82

**TREASURER**

Date Appointed	May 12, 2017		
Name	Peter J. DeGraaf		
Address	1545 E 119 <sup>th</sup> Street		
City	Mulvane	Zip Code	67110
Home Telephone	316-777-1414	Business Telephone	

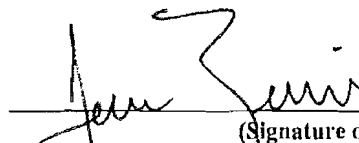
**OR CANDIDATE COMMITTEE**

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."

May 12, 2017  
(Date)

  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**