APPOINTMENT OF T

REASURER OR CANDIDAT	TE COMMIT	TEE F	GRAEIVER
FOR CANDIDATE FOR	R STATE OF	FICE	JUL 0 5 2018
		KS GOVE	Mmont .

This is an (Check one) CANDIDATE	Initial Appointment ✓ Amended Statement (Please Type or Print)		
Name KC Ohaebosim	(2 base 13pe of 1 mily		
Street P.O. Box 21271			
City Wichita	County SG Zip Code 67208		
Home Telephone 316-500-2254	Business Telephone		
Office Sought State Representative	District No. 89		
TREASURER			
Date Appointed 07/3/18			
Name Carol Brewer			
Address 854 Sylvan			
City Wichita	Zip Code 67218		
Home Telephone 316-9938744	Business Telephone		
OR CANDIDATE COMMITTE Date Appointed Chairperson's Name	JE		
Date Appointed			
Date Appointed Chairperson's Name			
Date Appointed Chairperson's Name Address			
Date Appointed Chairperson's Name Address City	Zip Code		
Date Appointed Chairperson's Name Address City Home Telephone	Zip Code		
Date Appointed Chairperson's Name Address City Home Telephone Treasurer's Name	Zip Code		
Date Appointed Chairperson's Name Address City Home Telephone Treasurer's Name Address	Zip Code Business Telephone		
Date Appointed Chairperson's Name Address City Home Telephone Treasurer's Name Address City Home Telephone IGNATURE I declare that this statement has been rect and complete. I understand that se document is a class A misdemean	Zip Code Business Telephone Zip Code Business Telephone a examined by me and to the best of my knowledge and belief is true the intentional failure to file this document or intentionally filing		
Date Appointed Chairperson's Name Address City Home Telephone Treasurer's Name Address City Home Telephone IGNATURE I declare that this statement has been rrect and complete. I understand tha	Zip Code Business Telephone Zip Code Business Telephone a examined by me and to the best of my knowledge and belief is true the intentional failure to file this document or intentionally filing		

SEE REVERSE SIDE FOR INSTRUCTIONS

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)	📉 🗶 Initial Appo	ointment	Amended Statement	
CANDIDATE	(Please Type or Print)			
Name: KC OHAEBOSIM			× .	
Street: P.O. Box 21271				
City Wichita	County	SG	Zip Code: 67208	
Home Telephone (316)500-2254	Business Telephone			
Office Sought State Representative	District No. 89			
TREASURER				
Date Appointed 07/17/2017				
Name: Carol Brewer				
Address: 2401 N Prince				
City: Wichita	Zip Code: 67219			
Home Telephone	Busin	ess Telephon	e	
OR CANDIDATE COMMITTEE				
Date Appointed				
Chairpersou's Name				
Address				
City			Zip Code	
Home Telephone	Busir	iess Telephor	ne	
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."

SEE REVERSE SIDE FOR INSTRUCTIONS