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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

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate** Candidate Name: **Tom Sawyer**  
Address: **1041 S Elizabeth St**  
Address2:  
City: **WICHITA** Zip: **67213**  
Home Phone: **(316) 265-7096** Business Phone: Cell Phone: **(316) 708-2793**  
County: **Sedgwick** Email Address: **up80932@hotmail.com**  
Office Sought: **State Representative** District No.: **95**

**Treasurer** Date Appointed: **07/14/2018**  
Treasurer Name: **Tom Sawyer**  
Address: **1041 S Elizabeth St**  
Address2:  
City: **WICHITA** State: **KS** Zip: **67213**  
Home Telephone: **(316) 265-7096** Business Phone: Cell Phone:  
Email Address: **up80932@hotmail.com**

**Candidate Committee** Date Appointed:  
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: **7/16/2018 9:02:01 PM** Signature of Candidate: **Tom Sawyer**

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County: **Sedgwick** Email Address: **up80932@hotmail.com**  
Office Sought: **State Representative** District No.: **95**

**Treasurer**    Date Appointed: **06/27/2002**  
Treasurer Name: **Thomas Docking**  
Address: **125 S. Crestway**  
Address2:  
City: **WICHITA** State: **KS** Zip: **67218**  
Home Telephone: **(316) 529-4678** Business Phone: **(316) 529-4678** Cell Phone: **(316) 529-4678**  
Email Address: **up80932@hotmail.com**

**Candidate Committee**    Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
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: **10/24/2012 12:27:39 AM** Signature of Candidate: **Tom Sawyer**

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