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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: **alana w cloutier**
Address: **923 cherokee street**
Address2:
City: **humboldt** Zip: **66748**
Home Phone: Business Phone: **(620) 473-9788** Cell Phone: **(415) 341-7675**
County: **Allen** Email Address: **alanacloutier@gmail.com**
Office Sought: **State Representative** District No.: **9**

Treasurer Date Appointed: **06/01/2020**
Treasurer Name: **paul cloutier**
Address: **923 cherokee street**
Address2:
City: **humboldt** State: **KS** Zip: **66748**
Home Telephone: **(415) 515-7625** Business Phone: Cell Phone: **(415) 515-7625**
Email Address: **paul.cloutier@gmail.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: **6/6/2020 2:37:25 PM** Signature of Candidate: **Paul R. Cloutier**

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