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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Kent L Thompson**
Address: **1816 2800 Street**
Address2:
City: **LaHarpe** Zip: **66751**
Home Phone: **(620) 496-2255** Business Phone: **(620) 365-3197** Cell Phone: **(620) 496-7200**
County: **Allen** Email Address: **kent@iolare.kscoxmail.com**
Office Sought: **State Representative** District No.: **9**

Treasurer Date Appointed: **06/06/2014**
Treasurer Name: **Dick Works**
Address: **720 600 Street**
Address2:
City: **Humboldt** State: **KS** Zip: **66748**
Home Telephone: **(620) 473-3566** Business Phone: **(620) 496-7444** Cell Phone: **(620) 496-7444**
Email Address: **dickworks@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:
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: **11/18/2015 12:37:09 PM** Signature of Candidate: **Kent L Thompson**

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