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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: **Les Lampe**
Address: **6402 Warwick**
Address2:
City: **Shawnee** Zip: **66218**
Home Phone: **(913) 219-3933** Business Phone: **(913) 219-3933** Cell Phone: **(913) 219-3933**
County: **Johnson** Email Address: **leslampe@gmail.com**
Office Sought: **State Representative** District No.: **39**

Treasurer Date Appointed: **05/14/2020**
Treasurer Name: **Terry Matlack**
Address: **7225 Brockway Street**
Address2:
City: **Shawnee** State: **KS** Zip: **66227**
Home Telephone: **(913) 205-1984** Business Phone: **(913) 205-1984** Cell Phone: **(913) 205-1984**
Email Address: **tmatlack@mindspring.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:
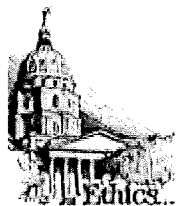Email Address:

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: **5/22/2020 1:04:21 PM** Signature of Candidate: **Les Lampe**

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Candidate
Candidate Name: **Leslie Lampe**
Address: **6402 Warwick**
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Treasurer
Date Appointed: **05/14/2020**
Treasurer Name: **Terry Matlack**
Address: **7225 Brockway Street**
Address2:
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Home Telephone: **(913) 205-1984** Business Phone: **(913) 205-1984** Cell Phone: **(913) 205-1984**
Email Address: **tmatlack@mindspring.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: **5/21/2020 11:42:17 AM** Signature of Candidate: **Leslie Lampe**

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APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE

This is an (Check one) [X] **Initial Appointment** [ ] **Amended Statement**
(Please Type or Print)

CANDIDATE

Name	F Leslie Lampe
Street	6402 Warwick Street
City Shawnee	County Johnson	Zip Code 66218
Home Telephone 913-219-3933	Business Telephone 913-219-3933
Office Sought Kansas House of Representatives	District No. 39

TREASURER

Date Appointed	May 14, 2020
Name	Terry Matlack
Address	7225 Brockway
City Shawnee	Zip Code 66227
Home Telephone 913-205-1984	Business Telephone 913-205-1984

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 14, 2020
(Date)

Leslie Lampe
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission   Rev.2000