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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: **Blaine Finch**
Address: **5 SW Fairview Drive**
Address2:
City: **Ottawa** Zip: **66067**
Home Phone: **(785) 242-3343** Business Phone: **(785) 242-6400** Cell Phone:
County: **Franklin** Email Address: **blainefinch@gmail.com**
Office Sought: **State Representative** District No.: **59**

Treasurer Date Appointed: **05/10/2019**
Treasurer Name: **Mike Brown**
Address: **227 S. Main St.**
Address2:
City: **Ottawa** State: **KS** Zip: **66067**
Home Telephone: Business Phone: **(785) 242-6200** Cell Phone:
Email Address: **mikebrown@gdr CPA.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: **5/14/2019 10:01:48 AM** Signature of Candidate: **Blaine Finch**

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