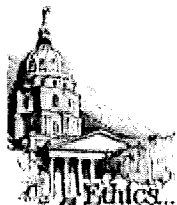


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Caren C Rugg**
Address: **2170 Sand Creek Road**
Address2:
City: **Ottawa** Zip: **66067**
Home Phone: **(785) 242-8365** Business Phone: Cell Phone: **(785) 418-2415**
County: **Franklin** Email Address: **ccrugg@gmail.com**
Office Sought: **State Representative** District No.: **59**

Treasurer Date Appointed: **06/02/2020**
Treasurer Name: **Paul Jewell**
Address: **3910 Labette Terrace**
Address2:
City: **Ottawa** State: **KS** Zip: **66067**
Home Telephone: **(785) 242-1117** Business Phone: Cell Phone: **(785) 418-7472**
Email Address: **pauljewell@msn.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: **6/3/2020 1:08:58 PM** Signature of Candidate: **Caren Rugg**

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

Candidate Candidate Name: **Caren C Rugg**
Address: **2170 Sand Creek Road**
Address2:
City: **Ottawa** Zip: **66067**
Home Phone: **(785) 242-8365** Business Phone: Cell Phone: **(785) 418-2415**
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Address2:
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Home Telephone: **(785) 242-1117** Business Phone: Cell Phone: **(785) 418-7472**
Email Address: **pauljewell@msn.com**

Candidate Date Appointed:
Committee 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: **6/2/2020 10:02:28 PM** Signature of Candidate: **Caren C Rugg**

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