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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: **Tim C Hodge**

Address: **2727 N. Main**

Address2:

City: **North Newton** Zip: **67117**

Home Phone: **(316) 772-0744** Business Phone: **(316) 283-8746** Cell Phone:

County: **Harvey** Email Address: **hodgeforkansas@gmail.com**

Office Sought: **State Representative** District No.: **72**

Treasurer Date Appointed: **06/26/2020**

Treasurer Name: **Christie Schunn-Sebes**

Address: **7 Emerald Court**

Address2:

City: **North Newton** State: **KS** Zip: **67117**

Home Telephone: **(316) 772-6926** Business Phone: Cell Phone:

Email Address: **cschunn.cs@gmail.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: **6/26/2020 12:41:48 PM** Signature of Candidate: **Tim Hodge**

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Candidate Candidate Name: **Tim C Hodge**
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Address2:
City: **North Newton** Zip: **67117**
Home Phone: **(316) 772-0744** Business Phone: **(316) 283-8746** Cell Phone:
County: **Harvey** Email Address: **hodgeforkansas@gmail.com**
Office Sought: **State Representative** District No.: **72**

Treasurer Date Appointed: **04/25/2016**
Treasurer Name: **Mike Llamas**
Address: **111 E. 7th**
Address2:
City: **Newton** State: **KS** Zip: **67114**
Home Telephone: **(316) 804-4990** Business Phone: Cell Phone: **(316) 288-9544**
Email Address: **mike@llamaslaw.net**

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: **7/25/2018 1:51:15 PM** Signature of Candidate: **Tim C. Hodge**

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