

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

**RECEIVED**

JUN 05 2020

KS Governmental Ethics Commission

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

**CANDIDATE**  
(Please Type or Print)

Name	Dr. Robert Harmon		
Street	3015 W. 245 <sup>th</sup> Street		
City	Osage City	County	Osage Zip Code 66523
Home Telephone	785-528-4627	Business Telephone	785-224-1780
Office Sought	State Representative District No.		

**TREASURER**

Date Appointed	June 3, 2020		
Name	Ronda Harmon		
Address	3015 W. 245 <sup>th</sup> Street		
City	Osage City	KS	Zip Code 66523
Home Telephone	785-528-4627	Business Telephone	785-221-2855

**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."

6-03-2020 (Date)  (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS