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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

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

Candidate Candidate Name: **Gail Finney**
Address: **1754 N Madison Ave**
Address2:
City: **Wichita** Zip: **67214**
Home Phone: **(316) 768-0615** Business Phone: **(316) 768-0615** Cell Phone: **(316) 768-0615**
County: **Sedgwick** Email Address: **gafinney5@yahoo.com**
Office Sought: **State Representative** District No.: **84**

Treasurer Date Appointed: **01/09/2012**
Treasurer Name: **Jerrold Finney**
Address: **1754 N Madison Ave**
Address2:
City: **Wichita** State: **KS** Zip: **67214**
Home Telephone: **(316) 990-8906** Business Phone: **(316) 687-5566** Cell Phone: **(316) 990-8906**
Email Address: **gafinney5@yahoo.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:
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: **1/8/2012 1:52:23 AM** Signature of Candidate: **Gail Finney**

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