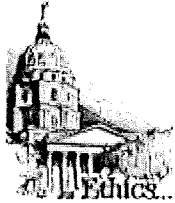


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Adam W Smith**
Address: **1970 RD 3**
Address2:
City: **Weskan** Zip: **67762-4042**
Home Phone: Business Phone: Cell Phone: **(785) 821-2568**
County: **Wallace** Email Address: **Adam@SmithForKansas.com**
Office Sought: **State Representative** District No.: **120**

Treasurer Date Appointed: **05/30/2014**
Treasurer Name: **Christine Smith**
Address: **1970 RD 3**
Address2:
City: **Weskan** State: **KS** Zip: **67762-4042**
Home Telephone: Business Phone: Cell Phone: **(785) 821-1939**
Email Address: **Christine@Weskan.net**

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: **6/27/2020 3:03:31 PM** Signature of Candidate: **Adam Smith**

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**Campaign Finance
Appointment of Treasurer or
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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: **Adam W Smith**
Address: **1970 RD 3**
Address2:
City: **Weskan** Zip: **67762-4042**
Home Phone: **(785) 943-5201** Business Phone: Cell Phone: **(785) 821-2568**
County: **Wallace** Email Address: **Adam@SmithForKansas.com**
Office Sought: **State Representative** District No.: **120**

Treasurer Date Appointed: **05/30/2014**
Treasurer Name: **Christine Smith**
Address: **1970 RD 3**
Address2:
City: **Weskan** State: **KS** Zip: **67762-4042**
Home Telephone: **(785) 943-5201** Business Phone: **(785) 852-4281** Cell Phone: **(785) 821-1939**
Email Address: **Christine@SmithForKansas.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:
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: **6/1/2014 4:03:38 PM** Signature of Candidate: **Christine M. Smith**

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