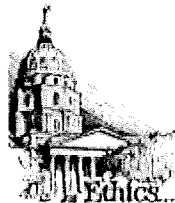


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Chandler L Burrows**  
Address: **700 Adams Street**  
Address2: **PO Box 334**  
City: **Rolla** Zip: **67954**  
Home Phone: **(620) 518-0815** Business Phone: **(620) 518-0815** Cell Phone: **(620) 518-0815**  
County: **Morton** Email Address: **burrowschandler@gmail.com**  
Office Sought: **State Representative** District No.: **124**

**Treasurer** Date Appointed: **04/30/2020**  
Treasurer Name: **Preston Burrows**  
Address: **700 Adams Street**  
Address2: **PO Box 334**  
City: **Rolla** State: **KS** Zip: **67954**  
Home Telephone: **(620) 453-2346** Business Phone: **(620) 453-2346** Cell Phone: **(620) 453-2346**  
Email Address: **preston.burrows10@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: **5/9/2020 3:08:17 PM** Signature of Candidate: **Chandler Lee Burrows**

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