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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: **Emil Bergquist**
Address: **6430 North Hydraulic Avenue**
Address2:
City: **Park City** Zip: **67219**
Home Phone: **(316) 680-4697** Business Phone: **(316) 680-4697** Cell Phone: **(316) 680-4697**
County: **Sedgwick** Email Address: **emilbergquist@sbcglobal.net**
Office Sought: **State Representative** District No.: **91**

Treasurer Date Appointed: **08/19/2019**
Treasurer Name: **Myron Higerd**
Address: **2608 E. Burlington St.**
Address2:
City: **Park City** State: **KS** Zip: **67219**
Home Telephone: **(316) 744-2885** Business Phone: Cell Phone: **(316) 300-8581**
Email Address: **higerdm@sbcglobal.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: **8/19/2019 10:48:44 AM** Signature of Candidate: **Emil M. Bergquist**

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