

Print this form or Go Back



**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: **David A Buehler**
Address: **606 Canyon View Drive**
Address2:
City: **Lansing** Zip: **66043**
Home Phone: **(913) 351-3611** Business Phone: Cell Phone: **(913) 683-5026**
County: **Leavenworth** Email Address: **buehler4kansas@gmail.com**
Office Sought: **State Representative** District No.: **40**

Treasurer

Date Appointed: **09/18/2023**
Treasurer Name: **Hitomi Morford**
Address: **2317 Lincoln Court**
Address2:
City: **Leavenworth** State: **KS** Zip: **66048**
Home Telephone: Business Phone: Cell Phone: **(913) 702-4776**
Email Address: **hitomikmorford@gmail.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:
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: **9/18/2023 4:28:33 PM** Signature of Candidate: **Morford Hitomi**

Print this form or Go Back



**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: **David A Buehler**
Address: **606 Canyon View Drive**
Address2:
City: **Lansing** Zip: **66043**
Home Phone: **(913) 351-3611** Business Phone: Cell Phone: **(913) 683-5026**
County: **Leavenworth** Email Address: **buehler4kansas@gmail.com**
Office Sought: **State Representative** District No.: **40**

Treasurer Date Appointed: **05/17/2022**
Treasurer Name: **Linda French**
Address: **950 Holiday Dr**
Address2:
City: **Lansing** State: **KS** Zip: **66043**
Home Telephone: Business Phone: Cell Phone: **(913) 488-5106**
Email Address: **amorevino51@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: **5/17/2022 1:36:57 PM** Signature of Candidate: **David A. Buehler**