

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM**

**FOR CANDIDATE FOR <sup>State</sup> ~~LOCAL~~ OFFICE**

**RECEIVED**  
DEC 12 2023  
KS Governmental Ethics Commission

This is an (Check one)

Initial Appointment

Amended Statement

(Please Type or Print)

**CANDIDATE**

Name Pat Proctor			
Mailing Address PO Box 3421			
City Fort Leavenworth	County Leavenworth	Zip Code 66027	
Telephone (913) 250-5553	Email pat@patproctor4ks.com		
Office Sought State Representative	District No. 41		

**TREASURER**

Date Appointed 12/12/23	
Name Mary Wood	
Mailing Address 471 Ash Ln.	
City Lansing	Zip Code 66043
Telephone (913) 683-5039	Email woodmarye1958@gmail.com

**OR CANDIDATE COMMITTEE**

Date Appointed	
Chairperson's Name	
Mailing Address	
City	Zip Code
Telephone	Email
Treasurer's Name	
Mailing Address	
City	Zip Code
Telephone	Email

**SIGNATURE**

"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."

12/12/23

(Date)

(Signature of Candidate)

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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: **Patrick E Proctor**  
Address: **P.O. Box 3421**  
Address2:  
City: **Ft. Leavenworth** Zip: **66027**  
Home Phone: **(913) 250-5553** Business Phone: Cell Phone: **(760) 792-0458**  
County: **Leavenworth** Email Address: **pproctor@prosimco.com**  
Office Sought: **State Representative** District No.: **41**

**Treasurer** Date Appointed: **07/01/2019**  
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: **7/1/2019 1:22:00 PM** Signature of Candidate: **Patrick Proctor**

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