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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 Name: Richard E Wilborn

Address: 1504 Heritage Pl

Address2:

City: McPherson Zip: 67460

Home Phone: (620) 241-4623 Business Phone: Cell Phone: (620) 242-4355

County: McPherson Email Address: wilbornforsenate@gmail.com

Office Sought: State Representative District No.: 73

Treasurer Date Appointed: 06/13/2024

Treasurer Name: PHILIP DARRAH

Address: 980 14TH AVENUE

Address2:

City: MCPHERSON State: KS Zip: 67460

Home Telephone: Business Phone: Cell Phone: (620) 245-4196

Email Address: pcdcpa@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: 7/17/2024 11:45:21 AM Signature of Candidate: RICHARD E WILBORN

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORMED

FOR CANDIDATE FOR STATE OFFICE 1 7 2024

This is an (Check one) Initial Appointment Amended Statement Amended Statement
CANDIDATE (Please Type or Print)
Name Pichard Wilhord
Mailing Address 1564 HOTH CLOSE PI
City Mr Nhorson County Mr Phorson 1 Zip Code 67460
Telephone 620-242-435 Email Sonofo Drul 6 port, grad Eson to Change
Office Sought Nouse A New District No. >3
TREASURER
Date Appointed 6-12-2024
Name Phy / Narrah (OPH
Mailing Address 980 144h Abonue
City Marson +5 Zip Code 67460
Telephone 620-245-4195 Email PCdCAQ (Q) 9 Mail, CON
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, orrect and complete. I understand that the intentional failure to file this document or intentionally filing a alse document is a class A misdemeanor." (Date) (Signature of Candidate)
SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2021