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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: **Doug Law**
Address: **1608 Sunset Dr**
Address2:
City: **Augusta** Zip: **67010**
Home Phone: Business Phone: Cell Phone: **(316) 258-5587**
County: Email Address: **ncklem3@gmail.com**
Office Sought: **State Representative** District No.: **77**

Treasurer

Date Appointed: **11/14/2023**
Treasurer Name: **Nancy Klem**
Address: **2135 Dearborn St**
Address2:
City: **Augusta** State: **KS** Zip: **67010**
Home Telephone: Business Phone: Cell Phone: **(316) 655-3278**
Email Address: **ncklem3@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: **1/30/2024 2:50:46 PM** Signature of Candidate: **Nancy Klem**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED
SEP 25 2023
KS Governmental Ethics Commission

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name <u>Doug Law</u>		
Mailing Address <u>1608 Sunset Dr.</u>		
City <u>Augusta</u>	County <u>Butler</u>	Zip Code <u>67010</u>
Telephone <u>(316) 258-5587</u>	Email <u>douglaw32@gmail.com</u>	
Office Sought <u>KS House Representative</u>	District No. <u>77</u>	

TREASURER

Date Appointed <u>9.15.2023</u>		
Name <u>Nancy Klem</u>		
Mailing Address <u>2135 Dearborn St.</u>		
City <u>Augusta</u>	Zip Code <u>67010</u>	
Telephone <u>(316) 655-3278</u>	Email <u>ncklem@gmail.com</u>	

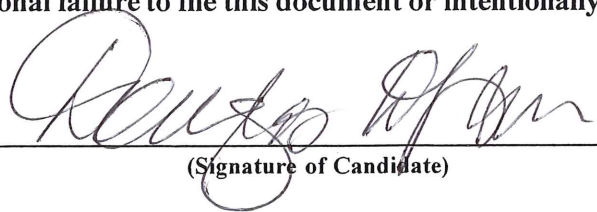
OR CANDIDATE COMMITTEE

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."

9/15/23
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS