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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: **Keith M Griffin**
Address: **104S Smith st**
Address2:
City: **Holyrood** Zip: **67450**
Home Phone: **(785) 717-9863** Business Phone: Cell Phone: **(785) 717-9863**
County: **Ellsworth** Email Address: **keithg1362@yahoo.com**
Office Sought: **State Representative** District No.: **109**

Treasurer

Date Appointed: **06/03/2024**
Treasurer Name: **Keith Griffin**
Address: **104 south Smith st**
Address2:
City: **Holyrood** State: **KS** Zip: **67450**
Home Telephone: **(785) 717-9863** Business Phone: **(785) 717-9863** Cell Phone: **(785) 717-9863**
Email Address: **keithg1362@yahoo.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: **6/3/2024 10:51:14 AM** Signature of Candidate: **Keith Griffin**