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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)      **Initial Appointment**      **Amended Statement**

**Candidate**

Candidate Name: **Thomas Hochard**  
Address: **3025 23rd RD**  
City: **Frankfort** Zip: **66427**  
Home Phone: **7852924399** Business Phone: Cell Phone: **7857995323**  
County: **Marshall** Email Address: **nurselandinc@yahoo.com**  
Office Sought: **State Senator** District No.: **21**

**Treasurer**

Date Appointed: **07/25/2008**  
Treasurer Name: **GARY EDWARDS**  
Address: **3515 HOFMAN LN**  
City: **MANHATTAN** State: **KS** Zip: **66502**  
Home Telephone: Business Phone: **7857769795** Cell Phone:  
Email Address: **gtecpa@kansas.net**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

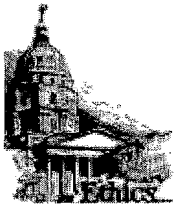
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **7/25/2008 3:38:33 PM** Signature of Candidate: **Thomas E. Hochard**

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**Candidate**

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 County: **Marshall** Email Address: **nurselandinc@yahoo.com**  
 Office Sought: **State Senator** District No.: **21**

**Treasurer**

Date Appointed: **06/16/2008**  
 Treasurer Name: **Thomas Hochard**  
 Address: **3025 23rd RD**  
 City: **Frankfort** State: **KS** Zip: **66427**  
 Home Telephone: **7852924399** Business Phone: Cell Phone: **7857995323**  
 Email Address: **nurselandinc@yahoo.com**

**Candidate  
 Committee**

Date Appointed:  
 Chairperson's Name:  
 Address:  
 City: State: Zip:  
 Home Telephone: Business Phone: Cell Phone:  
 Email Address:

Date Appointed:  
 Treasurer's Name:  
 Address:  
 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: **6/16/2008 5:55:14 PM** Signature of Candidate: **Thomas E. Hochard**

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