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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

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

Candidate Candidate Name: **Michael F Delaney**
Address: **5710 West 130th Street**
Address2:
City: **Overland Park** Zip: **66209**
Home Phone: **(913) 685-0899** Business Phone: **(913) 327-5177** Cell Phone: **(913) 515-3368**
County: **Johnson** Email Address: **mdelaney@spencerfane.com**
Office Sought: **State Senator** District No.: **11**

Treasurer Date Appointed: **06/15/2012**
Treasurer Name: **Michael Delaney**
Address: **5710 West 130th Street**
Address2:
City: **Overland Park** State: **KS** Zip: **66209**
Home Telephone: **(913) 685-0899** Business Phone: **(913) 327-5177** Cell Phone: **(913) 515-3368**
Email Address: **mdelaney@spencerfane.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:
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: **6/18/2012 1:09:20 PM** Signature of Candidate: **Michael F. Delaney**

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