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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: **John C Grange**
Address: **2515 Kacy Ct.**
Address2:
City: **El Dorado** Zip: **67042**
Home Phone: **(316) 321-2087** Business Phone: **(316) 321-6230** Cell Phone: **(316) 322-0433**
County: **Butler** Email Address: **johng@carlisleinc.net**
Office Sought: **State Senator** District No.: **14**

Treasurer Date Appointed: **06/18/2012**
Treasurer Name: **Steve Funk**
Address: **1810 Lawndale**
Address2:
City: **El Dorado** State: **KS** Zip: **67042**
Home Telephone: Business Phone: **(316) 321-0213** Cell Phone: **(316) 393-0213**
Email Address: **sfunk@ctrust.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: **7/26/2012 8:59:19 PM** Signature of Candidate: **John C. Grange**

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RECEIVED

JUN 25 2012

GOVERNMENTAL ETHICS COMMISSION

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

| | | | | | |
|----------------|---------------|--------------------|--------------|----------|-------|
| Name | John C Grange | | | | |
| Street | 2515 KACY CT. | | | | |
| City | El Dorado | County | Butler | Zip Code | 67042 |
| Home Telephone | 316-321-2087 | Business Telephone | 316-321-6230 | | |
| Office Sought | Senate | | District No. | 14 | |

TREASURER

| | | | | | |
|----------------|-------------------|--------------------|-------|--|--|
| Date Appointed | 6-17-2012 | | | | |
| Name | Steve Funk | | | | |
| Address | 1810 Lawndale Ave | | | | |
| City | El Dorado | Zip Code | 67042 | | |
| Home Telephone | 316-320-0213 | Business Telephone | | | |

OR CANDIDATE COMMITTEE

| | | | | | |
|--------------------|--|--------------------|--|--|--|
| Date Appointed | | | | | |
| Chairperson's Name | | | | | |
| Address | | | | | |
| City | | Zip Code | | | |
| Home Telephone | | Business Telephone | | | |
| Treasurer's Name | | | | | |
| Address | | | | | |
| City | | Zip Code | | | |
| Home Telephone | | Business Telephone | | | |

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."

6-18-2012

(Date)

John C Grange

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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

FILED
JUN 08 2012
KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE
(Please Type or Print)

| | | | |
|----------------|--------------------|----------|--|
| Name | John C Grange | | |
| Street | 2515 Kacy Ct | | |
| City | County | Zip Code | |
| El Dorado | Butter | 67042 | |
| Home Telephone | Business Telephone | | |
| 316 321-2087 | 316-321-6230 | | |
| Office Sought | District No. | | |
| Senate | 14 | | |

TREASURER

| | | | |
|----------------|--------------------|--|--|
| Date Appointed | 6-8-2012 | | |
| Name | Matt Grange | | |
| Address | 1100 N. MAIN | | |
| City | Zip Code | | |
| El Dorado | 67042 | | |
| Home Telephone | Business Telephone | | |
| 316 371 8524 | 316-321-6230 | | |

OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--------------------|--|--|
| Date Appointed | | | |
| Chairperson's Name | | | |
| Address | | | |
| City | Zip Code | | |
| Home Telephone | Business Telephone | | |
| Treasurer's Name | | | |
| Address | | | |
| City | Zip Code | | |
| Home Telephone | Business Telephone | | |

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."

6-8-2012
(Date)

John C Grange
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS