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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: **Timothy L Snow**
Address: **1738 N Hood**
Address2:
City: **Wichita** Zip: **67203-2849**
Home Phone: **(316) 266-4056** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **tlsnow@wichita.edu**
Office Sought: **State Senator** District No.: **25**

Treasurer

Date Appointed: **04/27/2013**
Treasurer Name: **Timothy Snow**
Address: **1738 N Hood**
Address2:
City: **Wichita** State: **KS** Zip: **67203-2649**
Home Telephone: **(316) 266-4056** Business Phone: Cell Phone: **(316) 347-4995**
Email Address: **tlsnow@wichita.edu**

**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: **4/27/2013 4:46:21 PM** Signature of Candidate: **Timothy L Snow**

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Candidate

Candidate Name: **Timothy L Snow**
Address: **1738 N Hood st**
Address2:
City: **Wichita** Zip: **67203-2849**
Home Phone: **(316) 266-4056** Business Phone: **(316) 530-1455** Cell Phone: **(316) 347-4995**
County: **Sedgwick** Email Address: **tsnow@snow4kansas.org**
Office Sought: **State Senator** District No.: **25**

Treasurer

Date Appointed: **05/29/2012**
Treasurer Name: **Carol Cummings**
Address: **9340 Bent tree Cir**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Home Telephone: **(316) 634-2333** Business Phone: **(316) 269-2392** Cell Phone:
Email Address: **tsnow@snow4kansas.org**

**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: **1/10/2013 5:01:48 PM** Signature of Candidate: **Timothy L Snow**

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Candidate

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Address: **1738 N Hood st**
Address2:
City: **Wichita** Zip: **67203-2849**
Home Phone: **(316) 266-4056** Business Phone: **(316) 530-1455** Cell Phone:
County: **Sedgwick** Email Address: **tsnow@snow4kansas.org**
Office Sought: **State Senator** District No.: **25**

Treasurer

Date Appointed: **05/29/2012**
Treasurer Name: **Carol Cummings**
Address: **9340 Bent tree Cir**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Home Telephone: **(316) 634-2333** Business Phone: **(316) 269-2392** Cell Phone:
Email Address: **tsnow@snow4kansas.org**

**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:

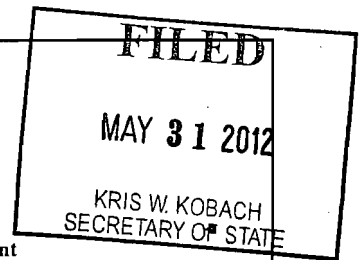
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/27/2012 7:57:01 AM** Signature of Candidate: **Timothy L Snow**

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**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 <u>Timothy L. Snow</u>		
Address <u>1738 N Hood St</u>		
City <u>Wichita</u>	County <u>Sedgwick</u>	Zip Code <u>67203</u>
Home Telephone <u>316-266-4056</u>	Business Telephone <u>N/A</u>	
Office Sought <u>State Senate</u>	District No. <u>25</u>	

TREASURER

Date Appointed <u>May 29th 2012</u>	
Name <u>Carol Cummings</u>	
Address <u>9340 Bent tree Cir</u>	
City <u>Wichita</u>	Zip Code <u>67226</u>
Home Telephone <u>316-634-2333</u>	Business Telephone <u>316-269-2392</u>

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."

05/29/2012
(Date)
May 29 2012

Timothy L. Snow
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS