APPOINTMENT OF

FILED

TREASURER OR CANDIDATE COMMITTED FORM

FOR CANDIDATE FOR STATE OFFICE

MAY 26,2016

KRIS W. KOBACH Initial Appointment This is an (Check one) Amended Statement CANDIDATE (Please Type or Print) Name Street PLNON County Sedgwick Zip Code 67218 City Business Telephone Home Telephone Office Sought District No. Senate TREASURER Date Appointed Name Address City Zip Code 67218 **Business Telephone** Home 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."

5/23/2016

(Signature of Candidate

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000