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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: **Alex Herman**
Address: **222 Castillian Gardens**
Address2:
City: **Hays** Zip: **67601**
Home Phone: Business Phone: Cell Phone: **(785) 766-1053**
County: **Ellis** Email Address: **jalexherman@gmail.com**
Office Sought: **State Senator** District No.: **40**

Treasurer Date Appointed: **06/01/2016**
Treasurer Name: **Cassy Zeigler**
Address: **PO Box 161**
Address2:
City: **Ellis** State: **KS** Zip: **67637**
Home Telephone: Business Phone: Cell Phone: **(785) 650-9366**
Email Address: **cassy@randzlaw.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

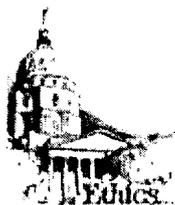
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **6/14/2016 9:59:29 PM** Signature of Candidate: **J. Alex Herman**

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Candidate Candidate Name: **Alex Herman**
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Address2:
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Home Phone: Business Phone: Cell Phone: **(785) 766-1053**
County: **Ellis** Email Address: **jalexherman@gmail.com**
Office Sought: **State Senator** District No.: **40**

Treasurer Date Appointed: **06/01/2016**
Treasurer Name: **Alex Herman**
Address: **222 Castillian Gardens**
Address2:
City: **Hays** State: **KS** Zip: **67601**
Home Telephone: Business Phone: Cell Phone: **(785) 766-1053**
Email Address: **jalexherman@gmail.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:
Address:
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: **6/1/2016 9:50:00 PM** Signature of Candidate: **J. Alex Herman**

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