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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

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

Candidate Candidate Name: **Tom Cox**
Address: **13510 W 72nd St**
Address2:
City: **Shawnee** Zip: **66216**
Home Phone: Business Phone: Cell Phone: **(913) 593-7464**
County: **Johnson** Email Address: **tom@tom-cox.org**
Office Sought: **State Senator** District No.: **10**

Treasurer Date Appointed: **05/01/2019**
Treasurer Name: **Mike Rivera**
Address: **6925 Renner Rd**
Address2:
City: **Shawnee** State: **KS** Zip: **66217**
Home Telephone: Business Phone: Cell Phone: **(913) 484-9997**
Email Address: **Mike.rivera40@gmail.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: **5/17/2019 12:02:57 AM** Signature of Candidate: **Tom Cox**

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