APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM STATE FOR CANDIDATE FOR LOCAL OFFICE RECEIVED

AUG 08 2014 Amendes Statement cilics Commission This is an (Check one) Initial Appointment |> **CANDIDATE** (Please Type or Print) Name Street County City Zip Code 66072 Linn Home Telephone Business Telephone 913.898-2366 Office Sought District No. 12 **TREASURER** Date Appointed Name Address Rd Zip Code City 66071 Home Telephone Business Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code Home Telephone **Business Telephone** Treasurer's Name Address Zip Code City 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." (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000