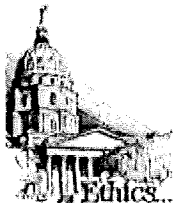


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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

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

**Candidate** Candidate Name: **Mike Bruner**  
Address: **1002 Pecan Street**  
Address2:  
City: **Humbolt** Zip: **66748**  
Home Phone: **(620) 433-0228** Business Phone: Cell Phone:  
County: **Allen** Email Address: **mikebruner6@gmail.com**  
Office Sought: **State Senator** District No.: **12**

**Treasurer** Date Appointed: **05/27/2020**  
Treasurer Name: **Thomas weigand**  
Address: **PO Box550**  
Address2: **516 N. Spruce Street**  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: Business Phone: Cell Phone: **(913) 980-3007**  
Email Address: **tom1960whs@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: **5/31/2020 11:28:47 AM** Signature of Candidate: **Thomas R. Weigand**

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# APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

**FILED****MAY 20 2020****SCOTT SCHWAB  
SECRETARY OF STATE**

This is an (Check one)



Initial Appointment



Amended Statement

**CANDIDATE**

(Please Type or Print)

Name <u>Mike Bruner</u>		
Street <u>1002 Pecan</u>		
City <u>Humboldt</u>	County <u>Allen</u>	Zip Code <u>66748</u>
Home Telephone <u>620-433-0228</u> Business Telephone		
Office Sought <u>State Senate</u>		District No. <u>12</u>

**TREASURER**

Date Appointed <u>5-18-2020</u>	
Name <u>Tom Weigand</u>	
Address <u>P.O. BOX 550</u>	
City <u>Ottawa</u>	Zip Code <u>66067</u>
Home Telephone	Business 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."

5-20-2020

(Date)



(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS****Print page**