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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: **Bruce J Givens**
Address: **1525 Country Club Rd**
Address2:
City: **El Dorado** Zip: **67042**
Home Phone: **(316) 452-5191** Business Phone: **(316) 775-6904** Cell Phone: **(316) 377-6605**
County: **Butler** Email Address: **brucegivens@me.com**
Office Sought: **State Senator** District No.: **14**

Treasurer Date Appointed: **05/16/2016**
Treasurer Name: **David Sundgren**
Address: **121 N. Main**
Address2:
City: **El Dorado** State: **KS** Zip: **67042**
Home Telephone: **(316) 322-5555** Business Phone: **(316) 321-6100** Cell Phone: **(316) 321-6100**
Email Address: **David@sungrouprealestate.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:
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: **5/16/2016 12:09:44 PM** Signature of Candidate: **Bruce Givens**

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