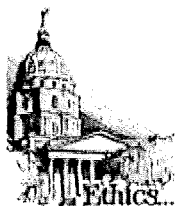


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Timothy D Fry**
Address: **429 E 14th Ave**
Address2:
City: **Augusta** Zip: **67010**
Home Phone: **(316) 323-8167** Business Phone: Cell Phone:
County: **Butler** Email Address: **tfryii018@gmail.com**
Office Sought: **State Senator** District No.: **16**

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

Candidate Date Appointed: **06/12/2020**
Committee Chairperson's Name: **William Swan**
Address: **4810 Eastwood st apt A**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: **(316) 323-8974** Business Phone: Cell Phone:
Email Address: **freewill7711@gmail.com**

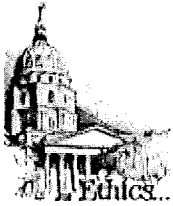
Date Appointed: **06/15/2020**
Treasurer's Name: **Timothy Fry**
Address: **429 E 14th Ave**
Address2:
City: **Augusta** State: **KS** Zip: **67010**
Home Telephone: **(316) 323-8167** Business Phone: Cell Phone:
Email Address: **tfryii018@gmail.com**

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: **6/15/2020 3:00:32 PM** Signature of Candidate: **Timothy D Fry II**

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

Candidate Candidate Name: **Timothy D Fry**

Address: **429 E 14th Ave**

Address2:

City: **Augusta** Zip: **67010**

Home Phone: **(316) 323-8167** Business Phone: Cell Phone:

County: **Butler** Email Address: **tfryii018@gmail.com**

Office Sought: **State Senator** District No.: **16**

Treasurer Date Appointed: **05/24/2020**

Treasurer Name: **Timothy Fry**

Address: **429 E 14th Ave**

Address2:

City: **Augusta** State: **KS** Zip: **67010**

Home Telephone: **(316) 323-8167** Business Phone: Cell Phone:

Email Address: **tfryii018@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: **5/24/2020 11:45:26 AM** Signature of Candidate: **Timothy Fry II**

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