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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: **Harold D Zajic**
Address: **1613 Sw Willow Ave.**
Address2:
City: **TOPEKA** Zip: **66606**
Home Phone: **(785) 817-5593** Business Phone: Cell Phone: **(785) 817-5593**
County: **Shawnee** Email Address: **info@deanforkansas.com**
Office Sought: **State Senator** District No.: **18**

Treasurer Date Appointed: **06/01/2020**
Treasurer Name: **Anne Zajic**
Address: **1613 Sw Willow Ave.**
Address2:
City: **TOPEKA** State: **KS** Zip: **66606**
Home Telephone: **(785) 383-6930** Business Phone: Cell Phone:
Email Address: **annezajic@gmail.com**

Candidate Committee Date Appointed:
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: **6/7/2020 11:50:01 PM** Signature of Candidate: **Harold Dean Zajic**

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Candidate Candidate Name: **Harold D Zajic**
Address: **1613 Sw Willow Ave.**
Address2:
City: **TOPEKA** Zip: **66606**
Home Phone: **(785) 817-5593** Business Phone: Cell Phone: **(785) 817-5593**
County: **Shawnee** Email Address: **hdzajic@gmail.com**
Office Sought: **State Senator** District No.: **18**

Treasurer Date Appointed: **06/01/2020**
Treasurer Name: **Anne Zajic**
Address: **1613 Sw Willow Ave.**
Address2:
City: **TOPEKA** State: **KS** Zip: **66606**
Home Telephone: **(785) 383-6930** Business Phone: Cell Phone:
Email Address: **annezajic@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: **6/2/2020 2:37:00 PM** Signature of Candidate: **Harold Dean Zajic**

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