

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM**

RECEIVED
JAN 15 2019
Kansas Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name Anthony Hensley		
Street 2226 SE Virginia Ave		
City Topeka	County Shawnee	Zip Code 66604
Home Telephone (785) 224-4305	Business Telephone	
Office Sought State Senate	District No. 19	

TREASURER

Date Appointed 1/10/19		
Name Kerry Gooch		
Address PO Box 1811		
City Topeka	Zip Code 66601	
Home Telephone (316)519-5845	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.”

1/10/19
(Date)


(Signature of Candidate)

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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: **Anthony Hensley**
Address: **2226 SE Virginia Ave**
Address2:
City: **Topeka** Zip: **66605**
Home Phone: **(785) 224-4305** Business Phone: Cell Phone:
County: Email Address: **wrlaw09@gmail.com**
Office Sought: **State Senator** District No.: **19**

Treasurer Date Appointed: **04/19/2017**
Treasurer Name: **William Lawrence**
Address: **1405 George CT APT 7**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: Business Phone: Cell Phone:
Email Address: **wrlaw09@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: **4/19/2017 1:08:56 PM** Signature of Candidate: **Anthony Hensley**

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