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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: **Usha L Reddi**
Address: **1801 Westbank Way**
Address2:
City: **Manhattan** Zip: **66503**
Home Phone: **(785) 313-1531** Business Phone: Cell Phone:
County: **Riley** Email Address: **ulr12345@gmail.com**
Office Sought: **State Senator** District No.: **22**

Treasurer

Date Appointed: **07/25/2024**
Treasurer Name: **Katha Hurt**
Address: **1927 Anderson Ave**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Home Telephone: **(785) 477-5139** Business Phone: Cell Phone:
Email Address: **khurt11@cox.net**

**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: **7/29/2024 4:57:25 PM** Signature of Candidate: **Usha Reddi**

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

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30

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

CANDIDATE

Name Usha Reddi		
Mailing Address 1801 Westbank Way		
City Manhattan	County Riley	Zip Code 66503
Telephone (785) 587-0798	Email ulr12345@gmail.com	
Office Sought State Senate	District No. 22	

TREASURER

Date Appointed 1/30/2023		
Name Katha Hurt		
Mailing Address 1927 Anderson Ave		
City Manhattan	Zip Code 66502	
Telephone (785) 477-5139	Email	

OR CANDIDATE COMMITTEE

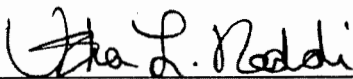
Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

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."

1/30/2023

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS