

[Print this form](#) or [Go Back](#)



**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: **Herbert West III**
Address: **803 S East ST**
City: **Paola** Zip: **66071**
Home Phone: Business Phone: Cell Phone:
County: **Miami** Email Address: **west.herbert@sbcglobal.net**
Office Sought: **Governor** District No.:

Treasurer

Date Appointed: **02/22/2010**
Treasurer Name: **Herbert West III**
Address: **803 S East ST**
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone: Cell Phone:
Email Address: **west.herbert@sbcglobal.net**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **2/22/2010 5:33:21 PM** Signature of Candidate: **Herbert West III**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

**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: **Herbert West III**
Address: **803 S East ST**
City: **Paola** Zip: **66071**
Home Phone: **9132949375** Business Phone: Cell Phone:
County: **Miami** Email Address: **west.herb@yahoo.com**
Office Sought: **Governor** District No.:

Treasurer

Date Appointed: **06/30/2009**
Treasurer Name: **Herbert West III**
Address: **803 S East ST**
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: **9132949375** Business Phone: Cell Phone:
Email Address: **west.herb@yahoo.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **12/31/2009 10:47:52 PM** Signature of Candidate: **Herbert West III**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



**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: **Herbert West III**
Address: **803 S East ST**
City: **Paola** Zip: **66071**
Home Phone: **9132949375** Business Phone: Cell Phone:
County: **Miami** Email Address: **west.herb@yahoo.com**
Office Sought: **Governor** District No.:

Treasurer

Date Appointed: **06/30/2009**
Treasurer Name: **Herbert West III**
Address: **803 S East ST**
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: **9132949375** Business Phone: Cell Phone:
Email Address: **west.herb@yahoo.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **6/30/2009 12:53:40 PM** Signature of Candidate: **Herbert West III**

[Print this form](#) or [Go Back](#)

RECEIVED

JAN 13 2009

RON THORNBURGH
SECRETARY OF STATE

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

Name	Herbert Lynn West 3rd	
Street	803 S. East Street	
City	County Miami	Zip Code 66071
Home Telephone	1-913-294-9375	Business Telephone
Office Sought	Exploratory Campaign/Governor 2010	District No. 6th

TREASURER

Date Appointed	January 13th 2009	
Name	Herbert Lynn West 3rd	
Address	803 S. East Street	
City	Paola	Zip Code 66071
Home Telephone	1-913-294-9375	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."

January 13th 2009.

(Date)

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS