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**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](http://www.kansas.gov/ethics)

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

**Candidate**

Candidate Name: **Ira D Hawver**

Address: **6993 Hwy 92**

Address2:

City: **Ozawkie** Zip: **66070**

Home Phone: **(785) 876-2233** Business Phone: Cell Phone:

County: **Jefferson** Email Address: **hawverlaw@embarqmail.com**

Office Sought: **Attorney General** District No.:

**Treasurer**

Date Appointed: **08/13/2010**

Treasurer Name: **Ira Hawver**

Address: **6993 Hwy 92**

Address2:

City: **Ozawkie** State: **KS** Zip: **66070**

Home Telephone: **(785) 876-2233** Business Phone: Cell Phone:

Email Address: **hawverlaw@embarqmail.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:

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: **8/13/2010 10:19:16 AM** Signature of Candidate: **Ira Dennis Hawver**

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# 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 <u>IRA DENNIS HAWVER</u>	
Street <u>10993 Hwy 92</u>	
City <u>OZAWIE</u>	County <u>JEFFERSON</u> Zip Code <u>66070</u>
Home Telephone <u>785 876 2233</u>	Business Telephone <u>785 876 2233</u>
Office Sought <u>KANSAS ATTORNEY GENERAL</u> District No. _____	

## TREASURER

Date Appointed <u>NONE - I WILL ACCEPT NO CAMPAIGN</u>	
Name <u>CONTRIBUTIONS FROM ANY SOURCE.</u>	
Address _____	
City _____	Zip Code _____
Home Telephone _____	Business Telephone _____

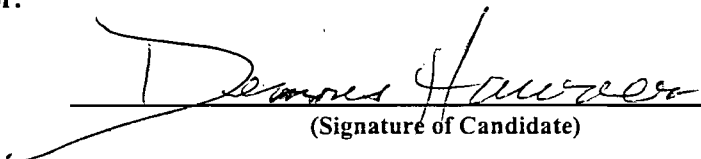
## OR CANDIDATE COMMITTEE

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."

12 June 10  
(Date)

  
(Signature of Candidate)

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