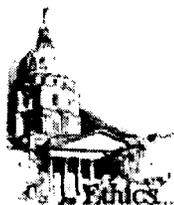


[Print this form](#) or [Go Back](#)



**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 L West III**
Address: **21817 W. 351st**
Address2:
City: **Paola** Zip: **66071**
Home Phone: **(913) 256-9001** Business Phone: Cell Phone: **(913) 256-9001**
County: **Miami** Email Address: **west.herb@yahoo.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **10/08/2013**
Treasurer Name: **Herbert West III**
Address: **21817 W. 351st**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: **(913) 256-9001** Business Phone: Cell Phone: **(913) 256-9001**
Email Address: **west.herb@yahoo.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:
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: **10/8/2013 9:48:45 AM** Signature of Candidate: **Herbert West III**

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