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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: **Kris W Kobach**
Address: **P.O. BOX 1993**
Address2:
City: **Topeka** Zip: **66601**
Home Phone: **(913) 706-6394** Business Phone: Cell Phone: **(913) 706-6394**
County: Email Address: **danedri.herbert@gmail.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **12/19/2018**
Treasurer Name: **Danedri Herbert**
Address: **223 W. Main St.**
Address2:
City: **Gardner** State: **KS** Zip: **66030**
Home Telephone: **(913) 706-6394** Business Phone: Cell Phone: **(913) 706-6394**
Email Address: **danedri.herbert@gmail.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:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

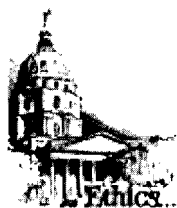
Email Address:

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: **12/21/2018 3:15:43 PM** Signature of Candidate: **Kris W. Kobach**

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Kris W Kobach**
Address: **PO Box 1993**
Address2:
City: **Topeka** Zip: **66601**
Home Phone: **(913) 731-6602** Business Phone: Cell Phone:
County: Email Address: **kris@kriskobach.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **06/07/2017**
Treasurer Name: **Bob Dool**
Address: **PO Box 1993**
Address2:
City: **Topeka** State: **KS** Zip: **66601**
Home Telephone: **(913) 731-6602** Business Phone: Cell Phone:
Email Address: **info@kriskobach.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: **6/7/2017 6:21:28 PM** Signature of Candidate: **Kris W Kobach**

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