

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

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

CANDIDATE

Name <i>Cody Kahrs</i>			
Mailing Address <i>29533 241st. rd.</i>			
City <i>Dexter</i>	County <i>Cowley</i>	Zip Code <i>67038</i>	
Telephone <i>620-218-6004</i>	Email <i>KahrsC10@gmail.com</i>		
Office Sought <i>Treasurer</i>	District No. <i>19</i>		

TREASURER

Date Appointed	
Name <i>self</i>	
Mailing Address	
City	Zip Code
Telephone	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.”

05-30-24
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, Kansas 66612
Ofc 785-296-4219
Fax 785-296-2548

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

INSTRUCTIONS. This statement must be completed by each person required to do so by K.S.A. 75-4301a. Upon completion, mail or hand deliver your completed statement to the office where you filed your declaration of candidacy. If appointed to fill a vacancy in a local elective office, file this form where your predecessor filed for office.

PLEASE TYPE OR PRINT

A. IDENTIFICATION:

Kahs Cody A
Last Name First Name MI

Tanessa Kahs
Spouse's Name

29533 241st rd.
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Dexter, KS 67038
City, State, Zip Code

620-876-3015
Home Phone

620-218-6004
Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Treasurer
List Name of Office

Treasurer 19- Grant County township
Position District

CONTINUED ON NEXT PAGE

Date received (Official use only)

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. Please attach additional pages if necessary to complete this section.
 If you have nothing to report in Section "C", check here .

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

D. GIFTS IN THE FORM OF GOODS OR SERVICES: List any person, business or combination of businesses from which you or your spouse either individually or collectively, have received in the preceding 12 months, without reasonable and valuable consideration, goods or services having an aggregate value of \$500 or more.
 If you have nothing to report in Section "D", check here .

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.			
2.			
3.			

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on you or your spouse in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Good Values	29533 24th St.	Ranch
2.			

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position as officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section "F", check here .

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.			
2.			
3.			
4.			
5.			

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or the combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional pages if necessary to complete this section.
 If you have nothing to report in Section "G", check here .

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

H. DECLARATION:

I, Coet Kisha, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

05-30-24
Date

[Signature]
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

Registrant Information Card

Registrant # 5043025

Kahrs, Cody Allen

29533 241st Rd
Dexter, KS 67038

Status Active

Status Reason

Registration Date 09/01/2006

How Reg Motor Vehicle Offices

MAILING ADDRESS

Precinct Grant/471/3-6
Birth Date 09/09/1988
Party Republican
Gender Male

Reg Source Motor Vehicle On-line Registration

Voter Needs Assistance

Optional Field 1
Optional Field 2
Optional Field 3
Optional Field 4
Optional Field 5
Optional Field 6
Optional Field 7
Optional Field 8
Optional Field 9

Signature of Voter

Registrant Receipt

Registrant # 5043025

Kahrs, Cody Allen

29533 241st Rd
Dexter, KS 67038

Status Active

Status Reason

Registration Date 9/1/2006

How Reg Motor Vehicle Offices

MAILING ADDRESS

Precinct Grant/471/3-6
Birth Date 9/9/1988
Party Republican
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Optional Field 4
Optional Field 5
Optional Field 6
Optional Field 7
Optional Field 8
Optional Field 9

Signature of Voter