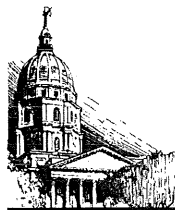


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Campaign Finance Appointment of Treasurer or Candidate Committee Form For Candidate For State Office

Kansas Public Disclosure Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
<https://kpsc.kansas.gov/>

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

Candidate

Candidate Name: **Connie OBrien**
Address: **22123 211th Street**
Address2:
City: **Tonganoxie** Zip: **66086**
Home Phone: **(913) 706-2396** Business Phone: Cell Phone: **(913) 706-2396**
County: **Leavenworth** Email Address: **edconob@gmail.com**
Office Sought: **State Board of Education** District No.: **4**

Treasurer

Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Committee

Date Appointed: **06/03/2024**
Chairperson's Name: **Connie O'Brien**
Address: **22123 211th Street**
Address2:
City: **Tonganoxie** State: **KS** Zip: **66086**
Home Telephone: **(913) 706-2396** Business Phone: Cell Phone:
Email Address: **edconob@gmail.com**

Date Appointed: **06/24/2024**
Treasurer's Name: **Edward O'Brien**
Address: **22123 211th Street**
Address2:
City: **Tonganoxie** State: **KS** Zip: **66086**
Home Telephone: Business Phone: Cell Phone: **(913) 594-1184**

Email Address: **edconob@gmail.com**

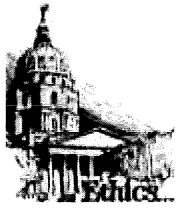
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **1/10/2026 10:51:23 AM** Signature of Candidate: **Edward O'Brien**

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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: **Connie O'Brien**

Address: **22123 211th**

Address2:

City: **Tonganoxie** Zip: **66086**

Home Phone: **(913) 706-2396** Business Phone: Cell Phone:

County: **Leavenworth** Email Address: **edconob@gmail.com**

Office Sought: **State Board of Education** District No.: **4**

Treasurer

Date Appointed: **06/20/2024**

Treasurer Name: **Edward O'Brien**

Address: **22123 211th**

Address2:

City: **Tonganoxie** State: **KS** Zip: **66086**

Home Telephone: **(913) 593-1184** Business Phone: Cell Phone:

Email Address: **edconob@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: **7/25/2024 10:31:37 AM** Signature of Candidate: **Connie O'Brien**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM**

RECEIVED

JUN 10 2024

FOR CANDIDATE FOR STATE OFFICE

KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE
(Please Type or Print)

Name <i>Connie O'Brien</i>	
Mailing Address <i>22123 211th Street</i>	
City <i>Tonganoxie</i> County <i>Leavenworth</i>	Zip Code <i>66086</i>
Telephone <i>913-706-2396</i>	Email
Office Sought <i>State Board of Education</i>	District No. <i>4</i>

TREASURER

Date Appointed <i>June 7, 2024</i>	
Name <i>Edward O'Brien</i>	
Mailing Address <i>22123 211th Street</i>	
City <i>Tonganoxie</i>	Zip Code <i>66086</i>
Telephone <i>913-593-1184</i>	Email <i>edconob@gmail.com</i>

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."

June 7, 2024
(Date)

Connie O'Brien
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS