

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

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate**

Candidate Name: **John Rubin**  
Address: **13803 W 53rd ST**  
City: **Shawnee** Zip: **66216**  
Home Phone: **9139624295** Business Phone: **9135584967** Cell Phone: **9135584967**  
County: **Johnson** Email Address: **rubinshaw@aol.com**  
Office Sought: **State Representative** District No.: **18**

**Treasurer**

Date Appointed: **08/30/2009**  
Treasurer Name: **Bradley Seitter**  
Address: **16220 Juniper ST**  
City: **Overland Park** State: **KS** Zip: **66085**  
Home Telephone: **9134027544** Business Phone: Cell Phone:  
Email Address: **brad@wildprairieproductions.com**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
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: **8/30/2009 6:36:45 PM** Signature of Candidate: **John J. Rubin**

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

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

This is an (Check one)     Initial Appointment     Amended Statement

**Candidate**

Candidate Name: **John Rubin**  
Address: **13803 W 53rd ST**  
City: **Shawnee** Zip: **66216**  
Home Phone: **9139624295** Business Phone: **9135584967** Cell Phone: **9135584967**  
County: **Johnson** Email Address: **rubinshaw@aol.com**  
Office Sought: **State Representative** District No.: **18**

**Treasurer**

Date Appointed: **01/03/2009**  
Treasurer Name: **John Rubin**  
Address: **13803 W 53rd ST**  
City: **Shawnee** State: **KS** Zip: **66216**  
Home Telephone: **9139624295** Business Phone: Cell Phone: **9135584967**  
Email Address: **rubinshaw@aol.com**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
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: **1/3/2009 2:05:27 PM** Signature of Candidate: **John J. Rubin**

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