

[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: **James Clendenin**
Address: **1420 E 31st S ST**
Address2:
City: **Wichita** Zip: **67216**
Home Phone: **(316) 519-9648** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **James4Rep@gmail.com**
Office Sought: **State Representative** District No.: **98**

Treasurer

Date Appointed: **07/09/2010**
Treasurer Name: **April Stowe**
Address: **3656 S. Tyler Rd**
Address2:
City: **Wichita** State: **KS** Zip: **67215**
Home Telephone: **(316) 650-9606** Business Phone: Cell Phone:
Email Address: **astowe.esu@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:
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: **7/9/2010 2:05:36 PM** Signature of Candidate: **James Clendenin**

[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

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

Candidate

Candidate Name: **James Clendenin**
Address: **1420 E 31st ST**
City: **Wichita** Zip: **67216**
Home Phone: **3165199648** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **James4Rep@gmail.com**
Office Sought: **State Representative** District No.: **98**

Treasurer

Date Appointed: **05/18/2010**
Treasurer Name: **Jeff Jackson**
Address: **6427 N Ulysses ST**
City: **Park City** State: **KS** Zip: **67219**
Home Telephone: **3167447030** Business Phone: Cell Phone:
Email Address: **jjackson11@cox.net**

**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: **5/18/2010 9:57:50 AM** Signature of Candidate: **James Clendenin**

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