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**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: **Jana T Goodman**  
Address: **410 Broadway ST**  
Address2:  
City: **Leavenworth** Zip: **66048**  
Home Phone: **(913) 682-7413** Business Phone: **(913) 547-0565** Cell Phone: **(913) 547-0565**  
County: **Leavenworth** Email Address: **janagood@kc.rr.com**  
Office Sought: **State Representative** District No.: **41**

**Treasurer**

Date Appointed: **06/11/2008**  
Treasurer Name: **Mark Grisham**  
Address: **2100 Alder ST**  
Address2:  
City: **Leavenworth** State: **KS** Zip: **66048**  
Home Telephone: Business Phone: Cell Phone: **(913) 499-9750**  
Email Address: **mcgrisham@stjoewireless.net**

**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:

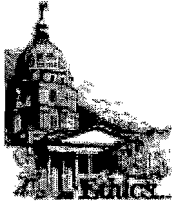
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **7/19/2012 7:39:48 PM** Signature of Candidate: **Mark A. Grisham**

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

**Candidate**

Candidate Name: **Jana Goodman**  
Address: **410 Broadway ST**  
City: **Leavenworth** State: Zip: **66048**  
Home Phone: **9136827413** Business Phone: **9135470565** Cell Phone: **9135470565**  
County: **Leavenworth** Email Address: **janagood@kc.rr.com**  
Office Sought: **State Representative** District No.: **41**

**Treasurer**

Date Appointed: **06/11/2008**  
Treasurer Name: **Mark Grisham**  
Address: **2100 Alder ST**  
City: **Leavenworth** State: **KS** Zip: **66048**  
Home Telephone: **9136866172** Business Phone: Cell Phone:  
Email Address: **mcgrisham@stjoewireless.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: **6/11/2008 4:04:30 PM** Signature of Candidate: **Jana Taylor Goodman**

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