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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

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

Candidate Candidate Name: **Brian D Caswell**
Address: **2900 Rivers Edge**
Address2:
City: **Baxter Springs** Zip: **66713**
Home Phone: Business Phone: Cell Phone: **(620) 674-2018**
County: **Cherokee** Email Address: **Bcaswell620@gmail.com**
Office Sought: **State Representative** District No.: **1**

Treasurer Date Appointed: **06/09/2014**
Treasurer Name: **Bob Weaver**
Address: **620 E. 20th street**
Address2:
City: **Baxter Springs** State: **KS** Zip: **66713**
Home Telephone: Business Phone: Cell Phone: **(417) 439-5773**
Email Address: **bweaver@hampshirepetproducts.com**

Candidate Date Appointed:
Committee 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: **6/11/2014 7:20:33 AM** Signature of Candidate: **Bob Weaver**

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Candidate Candidate Name: **Brian D Caswell**
Address: **2900 Rivers Edge**
Address2:
City: **Baxter Springs** Zip: **66713**
Home Phone: Business Phone: Cell Phone: **(620) 674-2018**
County: **Cherokee** Email Address: **Bcaswell620@gmail.com**
Office Sought: **State Representative** District No.: **1**

Treasurer Date Appointed: **06/02/2014**
Treasurer Name: **Gretchen Caswell**
Address: **2900 Rivers Edge**
Address2:
City: **Baxter Springs** State: **KS** Zip: **66713**
Home Telephone: Business Phone: Cell Phone:
Email Address: **Gretchen_caswell@msn.com**

Candidate Date Appointed:
Committee 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: **6/2/2014 11:18:22 PM** Signature of Candidate: **Brian D Caswell**

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