

APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

Name	Ray J. Marshall		
Street	11504 Ballentine Drive		
City	Overland Park, KS	County	Johnson
	Zip Code		66210
Home Telephone	913-209-0280	Business Telephone	913-322-1524
Office Sought	Representative		District No. 16

TREASURER

Date Appointed	7-8-14		
Name	Ray Marshall		
Address	11504 Ballentine Drive		
City	OP/KS	Zip Code	66210
Home Telephone	913-209-0280	Business Telephone	913-322-1524

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

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."

7-8-14

(Date)



(Signature of Candidate)

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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: **Ray J Marshall**
Address: **11504 Ballentine Dr.**
Address2:
City: **Overland Park Ks, Zip: 66210**
Home Phone: **(913) 322-1524** Business Phone: Cell Phone: **(913) 322-1524**
County: **Johnson** Email Address: **jrmarshall38@yahoo.com**
Office Sought: **State Representative** District No.: **16**

Treasurer Date Appointed: **06/12/2014**
Treasurer Name: **Josh Mittlestadt**
Address: **930 Old Mill Road**
Address2:
City: **Raymore , Mo. State: MO Zip: 64083-8497**
Home Telephone: **(816) 564-6876** Business Phone: Cell Phone:
Email Address: **jrmarshall38@yahoo.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: **6/16/2014 1:28:43 PM** Signature of Candidate: **Ray J. Mashall**

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