

[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: **Jason M Leib**
Address: **14350 W 81st PI**
Address2:
City: **Lenexa** Zip: **66215-4220**
Home Phone: **(913) 940-1446** Business Phone: Cell Phone:
County: **Johnson** Email Address: **jason@jasonleib.com**
Office Sought: **State Representative** District No.: **17**

Treasurer Date Appointed: **12/18/2013**
Treasurer Name: **Jason Leib**
Address: **14350 W 81st PI**
Address2:
City: **Lenexa** State: **KS** Zip: **66215**
Home Telephone: Business Phone: Cell Phone:
Email Address: **jasonl@jasonleib.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: **12/18/2013 10:34:59 AM** Signature of Candidate: **Jason M. Leib**

[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: **Jason M Leib**
Address: **14350 W 81st Pl**
Address2:
City: **Lenexa** Zip: **66215-4220**
Home Phone: **(913) 940-1446** Business Phone: Cell Phone:
County: **Johnson** Email Address: **jason@jasonleib.com**
Office Sought: **State Representative** District No.: **17**

Treasurer

Date Appointed: **06/11/2012**
Treasurer Name: **Marilyn Breitenstein**
Address: **14718 W 71st Terrace**
Address2:
City: **Shawnee** State: **KS** Zip: **66216**
Home Telephone: Business Phone: Cell Phone:
Email Address: **marilyn.breitenstein@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: **6/22/2012 9:38:53 AM** Signature of Candidate: **Jason M. Leib**

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