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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: **Joshua A Powell**
Address: **104 NW Redbush Cir Apt 8**
Address2:
City: **Topeka** Zip: **66617**
Home Phone: Business Phone: **(785) 817-1088** Cell Phone:
County: **Shawnee** Email Address: **josh.powell@house.ks.gov**
Office Sought: **State Representative** District No.: **50**

Treasurer Date Appointed: **02/28/2014**
Treasurer Name: **Robert Meissner**
Address: **2205 SW Miller's Glen Dr.**
Address2:
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: Business Phone: **(785) 379-0540** Cell Phone:
Email Address: **drbobmeissner@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: **2/28/2014 2:05:18 PM** Signature of Candidate: **Josh Powell**

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Candidate

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Address: **104 NW Redbush Cir Apt 8**
Address2:
City: **Topeka** Zip: **66617**
Home Phone: Business Phone: **(785) 817-1088** Cell Phone:
County: **Shawnee** Email Address: **joshua@powellforkansas.com**
Office Sought: **State Representative** District No.: **50**

Treasurer

Date Appointed: **06/18/2012**
Treasurer Name: **Stephen Iliff**
Address: **3500 SW 6th Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66606**
Home Telephone: Business Phone: **(785) 235-2617** Cell Phone:
Email Address: **sricpa@aol.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: **7/23/2012 1:56:38 PM** Signature of Candidate: **Joshua A Powell**

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