

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

RECEIVED

JUN 09 2014

KS Governmental Ethics Commission

This is an (Check one) New Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

Name	Peggy Mast		
Street	765 Road 110		
City	Emporia	County	Lyon
Home Telephone	620-343-2465	Business Telephone	
Office Sought	State Representative		District No. 76

TREASURER

Date Appointed	June 1, 2014		
Name	Willie Prescott		
Address	21602 S. Auburn Road		
City	Osage City	Zip Code	66523
Home Telephone	785-528-4586	Business Telephone	

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

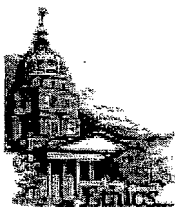
"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

June 2, 2014
(Date)

Peggy L. Mast
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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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: **Peggy Mast**
 Address: **765 Road 110**
 City: **Emporia** State: Zip: **66801**
 Home Phone: **6203432465** Business Phone: Cell Phone:
 County: **Lyon** Email Address: **pmast@ink.org**
 Office Sought: **State Representative** District No.: **76**

Treasurer

Date Appointed: **04/30/2008**
 Treasurer Name: **Sharon Bechtel**
 Address: **1224 Road J**
 City: **Emporia** State: **KS** Zip: **66801**
 Home Telephone: **6203424442** Business Phone: Cell Phone:
 Email Address: **bechtel@myadvantageplus.com**

**Candidate
 Committee**

Date Appointed:
 Chairperson's Name:
 Address:
 City: State: Zip:
 Home Telephone: Business Phone: Cell Phone:

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: **5/2/2008 6:28:04 PM** Name of Candidate: **Peggy L. Mast**

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