

[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 P Dean**

Address: **1207 Lewellen**

Address2:

City: **Wichita** Zip: **67203**

Home Phone: **(316) 641-3094** Business Phone: Cell Phone:

County: **Sedgwick** Email Address: **jpdeanforstatehouse@yahoo.com**

Office Sought: **State Representative** District No.: **92**

Treasurer Date Appointed: **06/02/2014**

Treasurer Name: **Alisha Oelke**

Address: **420 W 9th St**

Address2:

City: **Wichita** State: **KS** Zip: **67203**

Home Telephone: **(316) 554-4068** Business Phone: Cell Phone:

Email Address: **jpdeanforstatehouse@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: **7/25/2014 8:14:39 AM** Signature of Candidate: **Jason Dean**

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

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

RECEIVED
JUN 02 2014

This is an (Check one) Initial Appointment Amended Statement of Intent **KS Governmental Ethics Commission**

CANDIDATE

(Please Type or Print)

Name	JACOB PAUL DEAN		
Street	1207 LAWRENCE		
City	County	Zip Code	
Home Telephone	Business Telephone		
Office Sought	District No.		

TREASURER

Date Appointed	06/01/2014		
Name	ALISHA CELKE		
Address	420 WEST 9th STREET NORTH		
City	Zip Code		
Home Telephone	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."

06/01/2014
(Date)

Jacob Paul Dean
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS