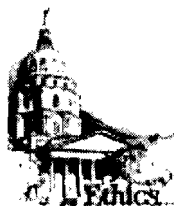


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Troy L Waymaster**

Address: **112 N Fairview Ave**

Address2: **PO Box 283**

City: **Luray** Zip: **67649-0283**

Home Phone: **(785) 698-2545** Business Phone: **(785) 483-1591** Cell Phone: **(785) 324-1822**

County: **Russell** Email Address: **twaymaster@aol.com**

Office Sought: **State Representative** District No.: **109**

Treasurer Date Appointed: **12/30/2013**

Treasurer Name: **James Malone**

Address: **1221 N Lincoln St**

Address2: **PO Box 69**

City: **Russell** State: **KS** Zip: **67665**

Home Telephone: **(785) 483-2735** Business Phone: **(785) 483-6220** Cell Phone: **(785) 483-8735**

Email Address: **jamesmalone99@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: **12/30/2013 3:23:08 PM** Signature of Candidate: **Troy L. Waymaster**

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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: **Troy Waymaster**
Address: **POBOX 283**
Address2: **112 N FAIRVIEW**
City: **LURAY** Zip: **67649**
Home Phone: **(785) 324-1822** Business Phone: **(785) 483-6800** Cell Phone: **(785) 324-1822**
County: **Russell** Email Address: **twaymaster@aol.com**
Office Sought: **State Representative** District No.: **109**

Treasurer

Date Appointed: **04/24/2012**
Treasurer Name: **JAMES MALONE**
Address: **PO BOX 69**
Address2: **1221 N FRANKLIN**
City: **RUSSELL** State: **KS** Zip: **67665**
Home Telephone: **(785) 483-2735** Business Phone: **(785) 483-6220** Cell Phone: **(785) 483-8735**
Email Address: **jamesmalone99@yahoo.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: **7/26/2012 1:52:06 PM** Signature of Candidate: **Troy Waymaster**

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