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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: **Ward M Cassidy**
Address: **PO Box 303**
Address2:
City: **St. Francis** Zip: **67756**
Home Phone: **(785) 332-2850** Business Phone: Cell Phone:
County: **Cheyenne** Email Address: **kiteandday@cityofstfrancis.net**
Office Sought: **State Representative** District No.: **120**

Treasurer

Date Appointed: **03/05/2010**
Treasurer Name: **Michael Day**
Address: **112 W. Washington**
Address2: **PO Box 575**
City: **St. Francis** State: **KS** Zip: **67756-0575**
Home Telephone: **(785) 332-2769** Business Phone: **(785) 332-3323** Cell Phone:
Email Address: **kiteandday@cityofstfrancis.net**

**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: **12/14/2011 4:45:44 PM** Signature of Candidate: **Ward M. Cassidy**

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