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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: **J.R. Claeys**
Address: **2157 Redhawk Ln**
Address2:
City: **Salina** Zip: **67401**
Home Phone: **(785) 250-5758** Business Phone: Cell Phone:
County: **Saline** Email Address: **jr@claeys.com**
Office Sought: **State Representative** District No.: **69**

Treasurer Date Appointed: **10/26/2011**
Treasurer Name: **Mark Hassman**
Address: **901 E Prescott**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 452-1916** Business Phone: Cell Phone:
Email Address: **mark@hassmantermite.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: **3/25/2016 9:19:10 AM** Signature of Candidate: **J.R. Claeys**

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This is an (Check one) Initial Appointment Amended Statement

Candidate

Candidate Name: **J.R. Claeys**
Address: **P.O. Box 501**
Address2:
City: **Salina** Zip: **67402**
Home Phone: **(785) 250-5758** Business Phone: Cell Phone:
County: **Saline** Email Address: **jr@claeys.com**
Office Sought: **State Representative** District No.: **69**

Treasurer

Date Appointed: **10/26/2011**
Treasurer Name: **Mark Hassman**
Address: **901 E Prescott**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 452-1916** Business Phone: Cell Phone:
Email Address: **mark@hassmantermite.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: **11/4/2011 9:03:46 PM** Signature of Candidate: **J.R. Claeys**[Print this form](#) or [Go Back](#)