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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: **Steve H Huebert**
Address: **619 N Birch**
Address2:
City: **Valley Center** Zip: **67147**
Home Phone: **(316) 755-1943** Business Phone: **(316) 253-6558** Cell Phone: **(315) 253-6558**
County: **Sedgwick** Email Address: **shuebert77@sbcglobal.net**
Office Sought: **State Representative** District No.: **90**

Treasurer Date Appointed: **03/01/2000**
Treasurer Name: **Marsha Huebert**
Address: **619 N Birch**
Address2:
City: **Valley Center** State: **KS** Zip: **67147**
Home Telephone: **(316) 755-1943** Business Phone: **(316) 253-6177** Cell Phone: **(316) 253-6177**
Email Address: **marsha@marshahuebert.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: **10/25/2010 12:51:34 PM** Signature of Candidate: **Marsha Huebert**

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