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

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **John S Hall**
Address: **455 Kingman RD.**
Address2:
City: **Quenemo** Zip: **66528**
Home Phone: **(785) 230-9798** Business Phone: Cell Phone:
County: **Franklin** Email Address: **hallfordistrict59@gmail.com**
Office Sought: **State Representative** District No.: **59**

Treasurer Date Appointed: **05/08/2018**
Treasurer Name: **Renee Hall**
Address: **455 Kingman RD.**
Address2:
City: **Quenemo** State: **KS** Zip: **66528**
Home Telephone: **(785) 221-2356** Business Phone: Cell Phone:
Email Address: **somersetfarms@hotmail.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:
Address:
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: **7/9/2018 6:22:03 PM** Signature of Candidate: **John Hall**

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Candidate Candidate Name: **John Hall**

Address: **455 Kingman RD.**

Address2:

City: **Quenemo** Zip: **66528**

Home Phone: **(785) 230-9798** Business Phone: Cell Phone:

County: **Franklin** Email Address: **jsh1958@hotmail.com**

Office Sought: **State Representative** District No.: **59**

Treasurer Date Appointed: **05/08/2018**

Treasurer Name: **Renee Hall**

Address: **455 Kingman RD.**

Address2:

City: **Quenemo** State: **KS** Zip: **66528**

Home Telephone: **(785) 221-2356** Business Phone: Cell Phone:

Email Address: **somersetfarms@hotmail.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:

Address:

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: **5/10/2018 9:11:06 AM** Signature of Candidate: **John Hall**

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