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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: **Paul M Waggoner**

Address: **600 E. 73rd**

Address2:

City: **Hutchinson** Zip: **67502**

Home Phone: **(620) 665-6067** Business Phone: **(620) 662-0181** Cell Phone: **(620) 899-8227**

County: **Reno** Email Address: **waggoner@southwind.net**

Office Sought: **State Representative** District No.: **104**

**Treasurer** Date Appointed: **06/04/2018**

Treasurer Name: **Lowell Peachey**

Address: **209 Hyde Park Drive**

Address2:

City: **Hutchinson** State: **KS** Zip: **67502**

Home Telephone: Business Phone: **(620) 663-7175** Cell Phone: **(620) 382-5419**

Email Address: **lowell@peacheyleadership.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: **6/5/2018 1:04:18 PM** Signature of Candidate: **Paul Waggoner**

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