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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: **Joe V Newland**  
Address: **6395 Trego Rd**  
Address2:  
City: **Neodesha** Zip: **66757**  
Home Phone: **(620) 332-7522** Business Phone: **(620) 332-7522** Cell Phone: **(620) 332-7522**  
County: **Wilson** Email Address: **joedana55@gmail.com**  
Office Sought: **State Representative** District No.: **13**

**Treasurer** Date Appointed: **08/12/2019**  
Treasurer Name: **John Newland**  
Address: **201 S 2nd**  
Address2:  
City: **Neodesha** State: **KS** Zip: **66757**  
Home Telephone: **(620) 332-7522** Business Phone: Cell Phone: **(620) 687-2311**  
Email Address: **john7682newland@gmail.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: **12/28/2019 1:18:34 PM** Signature of Candidate: **Joe V Newland**

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