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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: **Bob Reese**
Address: **7913 Roe Avenue**
Address2:
City: **Prairie Village** Zip: **66208-5073**
Home Phone: **(913) 353-8322** Business Phone: Cell Phone:
County: **Johnson** Email Address: **bob@reeseforkansas.com**
Office Sought: **State Representative** District No.: **21**

Treasurer Date Appointed: **06/01/2020**
Treasurer Name: **Marsha Reese**
Address: **2600 W 120th Place**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: **(913) 345-1327** Business Phone: Cell Phone:
Email Address: **mereseks@netscape.net**

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: **10/27/2020 4:45:29 AM** Signature of Candidate: **Bob Reese**

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Candidate Candidate Name: **Bob Reese**
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Address2:
City: **Prairie Village** Zip: **66208-5073**
Home Phone: **(913) 353-8322** Business Phone: Cell Phone:
County: **Johnson** Email Address: **reese4ks@gmail.com**
Office Sought: **State Representative** District No.: **21**

Treasurer Date Appointed: **06/01/2020**
Treasurer Name: **Marsha Reese**
Address: **2600 W 120th Place**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: **(913) 345-1327** Business Phone: Cell Phone:
Email Address: **mereeseks@netscape.net**

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: **6/10/2020 11:09:54 PM** Signature of Candidate: **Bob Reese**

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