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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: **Brandon Woodard**
Address: **9051 Renner Blvd Apt 3002**
Address2:
City: **Lenexa** Zip: **66219**
Home Phone: **(913) 335-0919** Business Phone: Cell Phone: **(785) 218-9699**
County: **Johnson** Email Address: **woodardforkansas@gmail.com**
Office Sought: **State Representative** District No.: **30**

Treasurer Date Appointed: **02/12/2018**
Treasurer Name: **Shabina Kavimandan**
Address: **14810 W 140th Ter**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone: Cell Phone:
Email Address: **woodardforkansas@gmail.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:
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: **2/12/2018 9:26:55 AM** Signature of Candidate: **Brandon Woodard**

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