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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: **Les R Mason**  
Address: **108 Arcadian Ct**  
Address2:  
City: **McPherson** Zip: **67460**  
Home Phone: Business Phone: Cell Phone: **(620) 755-8237**  
County: **McPherson** Email Address: **les.jogo@gmail.com**  
Office Sought: **State Representative** District No.: **73**

**Treasurer** Date Appointed: **04/12/2020**  
Treasurer Name: **Jennifer Mason**  
Address: **618 Gildersleeve**  
Address2:  
City: **McPherson** State: **KS** Zip: **67460**  
Home Telephone: Business Phone: Cell Phone: **(785) 844-0092**  
Email Address: **simon.n.jamie@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: **4/12/2020 4:24:21 PM** Signature of Candidate: **Les Mason**

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Home Phone: Business Phone: Cell Phone: **(620) 755-8237**  
County: **McPherson** Email Address: **les.jogo@gmail.com**  
Office Sought: **State Representative** District No.: **73**

**Treasurer** Date Appointed: **09/01/2016**  
Treasurer Name: **Kala Mason**  
Address: **108 Arcadian Ct.**  
Address2:  
City: **McPherson** State: **KS** Zip: **67460**  
Home Telephone: Business Phone: Cell Phone: **(620) 245-1851**  
Email Address: **masons.67460@yahoo.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: **9/10/2017 5:22:48 PM** Signature of Candidate: **Les Mason**

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