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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: **Martin Long**  
Address: **817 N. Joyce St.**  
Address2:  
City: **Ulysses** Zip: **67880**  
Home Phone: **(620) 356-1964** Business Phone: Cell Phone:  
County: **Grant** Email Address: **martlong@pld.com**  
Office Sought: **State Representative** District No.: **124**

**Treasurer** Date Appointed: **05/14/2018**  
Treasurer Name: **Debbie Long**  
Address: **817 N. Joyce St**  
Address2:  
City: **Ulysses** State: **KS** Zip: **67880**  
Home Telephone: **(620) 356-1964** Business Phone: Cell Phone:  
Email Address: **deblong@pld.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: **11/8/2019 10:07:21 AM** Signature of Candidate: **Martin Long**

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This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Martin Long**  
Address: **2221 S. Road P**  
Address2: **P.O. Box 1031**  
City: **Ulysses** Zip: **67880**  
Home Phone: **(620) 356-1964** Business Phone: Cell Phone:  
County: **Grant** Email Address: **martlong@pld.com**  
Office Sought: **State Representative** District No.: **124**

**Treasurer** Date Appointed: **05/14/2018**  
Treasurer Name: **Debbie Long**  
Address: **2221 S. Road P**  
Address2: **P.O. Box 1031**  
City: **Ulysses** State: **KS** Zip: **67880**  
Home Telephone: **(620) 356-1964** Business Phone: Cell Phone:  
Email Address: **deblong@pld.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: **5/19/2018 11:00:34 AM** Signature of Candidate: **Martin Long**

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