

Print this form or Go Back



**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: **Mark Tallent**
Address: **4225 W 107th**
Address2:
City: **Overland Park** Zip: **66207**
Home Phone: Business Phone: **(913) 802-2027** Cell Phone:
County: **Johnson** Email Address: **marktfor3@gmail.com**
Office Sought: **State Representative** District No.: **19**

Treasurer Date Appointed: **06/08/2022**
Treasurer Name: **Mark Tallent**
Address: **9840 Riggs ST**
Address2:
City: **Overland Park** State: **KS** Zip: **66212**
Home Telephone: **(913) 802-2027** Business Phone: Cell Phone:
Email Address: **marktfor3@gmail.com**

Candidate Date Appointed: **06/08/2022**
Committee Chairperson's Name: **Mark Tallent**
Address: **4225 W 107th**
Address2: **PO 11171**
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone: **(913) 802-2027** Cell Phone:
Email Address: **marktfor3@gmail.com**

Date Appointed: **06/08/2022**
Treasurer's Name: **Mark Tallent**
Address: **4225 W 107th**
Address2: **PO 11171**
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone: **(913) 802-2027** Cell Phone:

Email Address: **marktfor3@gmail.com**

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: **6/29/2022 8:51:45 AM** Signature of Candidate: **Mark Tallent**

Print this form or Go Back



**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: **Mark Tallent**
Address: **4225 W 107th**
Address2:
City: **Overland Park** Zip: **66207**
Home Phone: Business Phone: **(913) 802-2027** Cell Phone:
County: **Johnson** Email Address: **marktfor3@gmail.com**
Office Sought: **State Representative** District No.: **19**

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **06/08/2022**
Committee Chairperson's Name: **Mark Tallent**
Address: **4225 W 107th**
Address2: **PO 11171**
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone: **(913) 802-2027** Cell Phone:
Email Address: **marktfor3@gmail.com**

Date Appointed: **06/08/2022**
Treasurer's Name: **Mark Tallent**
Address: **4225 W 107th**
Address2: **PO 11171**
City: **Overland Park** State: **KS** Zip: **66207**
Home Telephone: Business Phone: **(913) 802-2027** Cell Phone:

Email Address: **marktfor3@gmail.com**

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: **6/14/2022 1:28:48 PM** Signature of Candidate: **Mark Tallent**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED
JUN 08 2022
SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

Name <i>Mark Tallent</i>		
Mailing Address <i>PO 11171</i>		
City <i>Overland Park</i>	County <i>Johnson</i>	Zip Code <i>66207</i>
Telephone <i>913 802-2027</i>	Email <i>marktfor3@gmail.com</i>	
Office Sought <i>State House of Representative</i>	District No. <i>19</i>	

TREASURER *Same as above*

Date Appointed	
Name	
Mailing Address	
City	Zip Code
Telephone	Email

OR CANDIDATE COMMITTEE

Date Appointed	
Chairperson's Name	
Mailing Address	
City	Zip Code
Telephone	Email
Treasurer's Name	
Mailing Address	
City	Zip Code
Telephone	Email

SIGNATURE

"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."

6/8/22
(Date)

[Signature]
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS