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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: **Aaron Coleman**

Address: **1316 s 52nd st**

Address2:

City: **Kansas City** Zip: **66106**

Home Phone: **(913) 489-9999** Business Phone: Cell Phone: **(913) 229-5334**

County: **Wyandotte** Email Address: **colemanaaron4kansas@gmail.com**

Office Sought: **State Representative** District No.: **37**

Treasurer Date Appointed: **01/10/2022**

Treasurer Name: **Aaron Coleman**

Address: **1316 South 52 Street**

Address2:

City: **Kansas City** State: **KS** Zip: **66106**

Home Telephone: **(913) 229-5334** Business Phone: Cell Phone: **(913) 229-5334**

Email Address: **colemanaaron4kansas@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:

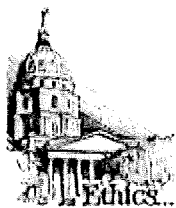
Email Address:

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: **5/5/2022 11:48:15 AM** Signature of Candidate: **Aaron Coleman**

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Home Phone: **(913) 489-9999** Business Phone: Cell Phone: **(913) 229-5334**

County: **Wyandotte** Email Address: **colemanaaron4kansas@gmail.com**

Office Sought: **State Representative** District No.: **37**

Treasurer Date Appointed: **04/20/2020**

Treasurer Name: **Marsha Tomberlin**

Address: **9308 w 80th st**

Address2:

City: **Overland Park** State: **KS** Zip: ~~66106~~ **66204**

Home Telephone: **(913) 210-4501** Business Phone: Cell Phone: **(913) 777-1267**

Email Address: **marshatomberlin@hotmail.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: **4/22/2020 9:32:21 PM** Signature of Candidate: **Aaron Coleman**

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