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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: **Paul M Waggoner**
Address: **600 E. 73rd**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: **(620) 665-6067** Business Phone: **(620) 662-0181** Cell Phone: **(620) 899-8227**
County: **Reno** Email Address: **waggoner@southwind.net**
Office Sought: **State Representative** District No.: **104**

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

Candidate Date Appointed: **06/26/2020**
Committee Chairperson's Name: **Lowell Peachey**
Address: **815 South Valley Pride Road**
Address2:
City: **Hutchinson** State: **KS** Zip: **67501**
Home Telephone: Business Phone: Cell Phone: **(620) 382-5419**
Email Address: **lowell@peacheyleadership.com**

Date Appointed: **06/26/2020**
Treasurer's Name: **Shirley Jaeger**
Address: **2610 Derenda Dr**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 727-5534**

Email Address: **shirleydear74@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: **6/26/2020 11:05:36 AM** Signature of Candidate: **Paul Waggoner**

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This is an (Check one) Initial Appointment Amended Statement

Candidate Candidate Name: **Paul M Waggoner**
Address: **600 E. 73rd**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: **(620) 665-6067** Business Phone: **(620) 662-0181** Cell Phone: **(620) 899-8227**
County: **Reno** Email Address: **waggoner@southwind.net**
Office Sought: **State Representative** District No.: **104**

Treasurer Date Appointed: **06/04/2018**
Treasurer Name: **Lowell Peachey**
Address: **815 S Valley Pride Rd**
Address2:
City: **Hutchinson** State: **KS** Zip: **67501**
Home Telephone: Business Phone: **(620) 663-7175** Cell Phone: **(620) 382-5419**
Email Address: **lowell@peacheyleadership.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: **7/29/2019 1:54:54 PM** Signature of Candidate: **Lowell J Peachey**

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