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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) Initial Appointment Amended Statement

Candidate Candidate Name: **TROY L WAYMASTER**
Address: **3528 192th STREET**
Address2:
City: **BUNKER HILL** Zip: **67626**
Home Phone: **(785) 698-2545** Business Phone: **(785) 483-1591** Cell Phone: **(785) 324-1822**
County: **Russell** Email Address: **twaymaster@aol.com**
Office Sought: **State Representative** District No.: **109**

Treasurer Date Appointed: **04/24/2012**
Treasurer Name: **JAMES F MALONE**
Address: **PO BOX 69**
Address2: **1221 N FRANKLIN**
City: **RUSSELL** State: **KS** Zip: **67665**
Home Telephone: **(785) 483-2735** Business Phone: **(785) 483-6220** Cell Phone: **(785) 483-8735**
Email Address: **jamesmalone99@yahoo.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: **1/5/2017 10:21:01 AM** Signature of Candidate: **troy waymaaster**

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