

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

**RECEIVED**  
MAY 01 2024  
SCOTT SCHWAB  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name	DANIEL GOODMAN		
Mailing Address	16443 South MARAFT DRIVE		
City	County	Zip Code	
Olathe	Johnson	66062	
Telephone	913 375 0370	Email	goodman4kansas@gmail.com
Office Sought	State Representative (District 78)		District No. 78

**TREASURER**

Date Appointed	5/1/24		
Name	KAREN WEBER		
Mailing Address	8645 College Blvd, Suite 105		
City	Overland Park	Zip Code 66210	
Telephone	913 661 0550	Email	kweber@elderlawkc.com

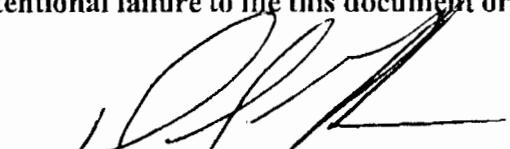
**OR CANDIDATE COMMITTEE**

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."

5/1/24  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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

**FILED**

**APR 29 2022**

**SCOTT SCHWAB  
SECRETARY OF STATE**

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name <u>DANIEL W GODDARD</u>		
Mailing Address <u>3420 MOSHER ROAD</u>		
City <u>PARSONS</u>	County <u>LABETTE</u>	Zip Code <u>67357</u>
Telephone <u>620-423-0407</u>	Email <u>dangoddard47@gmail.com</u>	
Office Sought <u>STATE REPRESENTATIVE</u>	District No. <u>7</u>	

**TREASURER**

Date Appointed <u>APRIL 18, 2022</u>		
Name <u>DANIEL W. GODDARD</u>		
Mailing Address <u>3420 MOSHER ROAD</u>		
City <u>PARSONS</u>	Zip Code <u>67357</u>	
Telephone <u>620-423-0407</u>	Email <u>dangoddard47@gmail.com</u>	

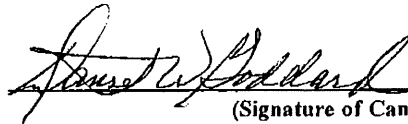
**OR CANDIDATE COMMITTEE**

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."

Apr 25, 2022  
(Date)

  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**