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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: **Duane Droge**
Address: **1215 US Highway 54**
Address2:
City: **Eureka** Zip: **67045**
Home Phone: **(620) 583-4457** Business Phone: Cell Phone:
County: **Greenwood** Email Address: **docdrogedvm@gmail.com**
Office Sought: **State Representative** District No.: **13**

Treasurer

Date Appointed: **11/04/2023**
Treasurer Name: **Marsha Evenson**
Address: **701 P50 Rd.**
Address2:
City: **Eureka** State: **KS** Zip: **67045**
Home Telephone: **(620) 583-9469** Business Phone: Cell Phone:
Email Address: **mrshevenson@gmail.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: **12/31/2023 8:27:42 AM** Signature of Candidate: **Dr. Duane Droge**

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

RECEIVED
NOV 30 2023
KS Governmental Ethics Commission

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

CANDIDATE

Name <u>Duane Droge</u>			
Mailing Address <u>1215 State US Highway 54</u>			
City <u>Eureka</u>	County <u>Greenwood</u>	Zip Code <u>67045</u>	
Telephone <u>(620) 583-4457</u>	Email <u>docdroge.dvm@gmail.com</u>		District No. <u>13</u>
Office Sought			

TREASURER

Date Appointed <u>11-04-23</u>			
Name <u>Marsha Evenson</u>			
Mailing Address <u>701 P50 Rd</u>			
City <u>Eureka</u>		Zip Code <u>67045</u>	
Telephone <u>(620) 583-9469</u>	Email <u>mrshevenson@gmail.com</u>		

OR CANDIDATE COMMITTEE

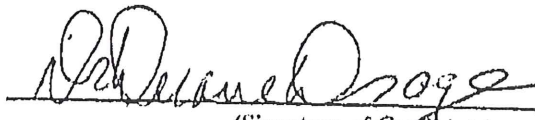
Date Appointed			
Chairperson's Name			
Mailing Address			
City		Zip Code	
Telephone	Email		
Treasurer's Name			
Mailing Address			
City		Zip Code	
Telephone	Email		

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."

11-30-23

(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS