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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: **Brandon M Dodson**
Address: **12277 S Strang Line Rd**
Address2: **Apt 1006**
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 405-8744**
County: **Johnson** Email Address: **brandonmdodson@gmail.com**
Office Sought: **State Representative** District No.: **30**

Treasurer

Date Appointed: **09/17/2023**
Treasurer Name: **Lisa Maxwell**
Address: **8607 E 61st Ter**
Address2: **Apt # 90**
City: **Kansas City** State: **MO** Zip: **64129**
Home Telephone: Business Phone: Cell Phone: **(660) 924-4231**
Email Address: **lkmaxwell@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: **10/4/2023 8:44:36 PM** Signature of Candidate: **Brandon Dodson**

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**Candidate
Committee**

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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: **9/17/2023 8:03:51 PM** Signature of Candidate: **Brandon Dodson**