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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: **Michael H Mathewson**
Address: **1218 SE 35th Terrace**
Address2:
City: **TOPEKA** Zip: **66605**
Home Phone: **(785) 213-1444** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **mhmathewson03@cox.net**
Office Sought: **State Representative** District No.: **58**

Treasurer
Date Appointed: **06/19/2024**
Treasurer Name: **James Mathewson**
Address: **1218 SE 35th Terrace**
Address2:
City: **TOPEKA** State: **KS** Zip: **66605**
Home Telephone: **(785) 845-9097** Business Phone: Cell Phone:
Email Address: **jimtopeka@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: **6/28/2024 11:18:02 PM** Signature of Candidate: **Michael H. Mathewson**