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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: **ALLEN B REAVIS**  
Address: **1419 N 3RD STREET**  
Address2:  
City: **ATCHISON** Zip: **66002**  
Home Phone: **(913) 426-0557** Business Phone: Cell Phone:  
County: **Atchison** Email Address: **allenbreavis@gmail.com**  
Office Sought: **State Representative** District No.: **63**

**Treasurer**  
Date Appointed: **01/08/2024**  
Treasurer Name: **Patsy Porter**  
Address: **320 N 11th Street**  
Address2:  
City: **ATCHISON** State: **KS** Zip: **66002**  
Home Telephone: **(913) 426-2833** Business Phone: Cell Phone:  
Email Address: **patsyp@papcpa.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: **1/8/2024 10:19:59 AM** Signature of Candidate: **ALLEN REAVIS**

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

**RECEIVED**  
JUN 22 2023  
SCOTT SCHWAB  
SECRETARY OF STATE

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

**CANDIDATE**

Name	Allen B Reavis		
Mailing Address	1419 N 3rd Street		
City	County	Zip Code	
Atchison	Atchison	66002	
Telephone	913-426-0557	Email	allenbreavis@gmail.com
Office Sought	KANSAS STATE REPRESENTATIVE		District No. 63

**TREASURER**


Date Appointed	JUNE 5 <sup>th</sup> , 2023		
Name	Patsy Porter, CPA		
Mailing Address	320 N. 11th St		
City	Atchison	Zip Code 66002	
Telephone	913-426-2833	Email	<del>patsyp@papcpa.com</del> patsyp@papcpa.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."

6/20/23 (Date)  (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS