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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: **Dan Goodman**

Address: **16443 S. Marais Dr**

Address2:

City: **Olathe** Zip: **66062**

Home Phone: **(913) 375-0370** Business Phone: **(913) 375-0370** Cell Phone: **(913) 375-0370**

County: **Johnson** Email Address: **goodman4kansas@gmail.com**

Office Sought: **State Representative** District No.: **78**

**Treasurer**

Date Appointed: **04/26/2024**

Treasurer Name: **Karen Weber**

Address: **8645 College Blvd Suite 105**

Address2:

City: **Overland Park** State: **KS** Zip: **66210**

Home Telephone: **(913) 661-0550** Business Phone: **(913) 661-0550** Cell Phone: **(913) 661-0550**

Email Address: **khweber@elderlawkc.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: **7/26/2024 11:14:17 AM** Signature of Candidate: **Dan Goodman**