



**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: **Brad C Ralph**  
Address: **347 N Parker Circle**  
Address2:  
City: **Lawrence** Zip: **66049**  
Home Phone: **(620) 338-1547** Business Phone: Cell Phone: **(620) 338-1547**  
County: **Ford** Email Address: **bcralph77@gmail.com**  
Office Sought: **State Representative** District No.: **119**

**Treasurer**

Date Appointed: **06/01/2016**  
Treasurer Name: **John Smithhisler**  
Address: **400 East Plaza**  
Address2:  
City: **DODGE CITY** State: **KS** Zip: **67801**  
Home Telephone: Business Phone: Cell Phone: **(620) 339-5342**  
Email Address: **smithhislerj@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: **1/9/2024 9:42:31 AM** Signature of Candidate: **Bradley C Ralph**

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This is an (Check one)  Initial Appointment  Amended Statement

**Candidate** Candidate Name: **Bradley C Ralph**  
Address: **2103 6th Avenue**  
Address2:  
City: **DODGE CITY** Zip: **67801**  
Home Phone: **(620) 338-1547** Business Phone: Cell Phone: **(620) 338-1547**  
County: **Ford** Email Address: **bcralph77@gmail.com**  
Office Sought: **State Representative** District No.: **119**

**Treasurer** Date Appointed: **06/01/2016**  
Treasurer Name: **John Smithhisler**  
Address: **400 East Plaza**  
Address2:  
City: **DODGE CITY** State: **KS** Zip: **67801**  
Home Telephone: Business Phone: Cell Phone: **(620) 339-5342**  
Email Address: **smithhislerj@gmail.com**

**Candidate** Date Appointed:  
**Committee** 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: **7/6/2020 2:49:15 PM** Signature of Candidate: **Bradley C Ralph**

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