

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR ^{State} ~~LOCAL~~ OFFICE**

RECEIVED
APR 29 2024
SCOTT SCHWAB
SECRETARY OF STATE

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

CANDIDATE

Name	Jason Goetz		
Mailing Address	2425 Bell Ave		
City	County	Zip Code	
Dodge City	Ford	67801	
Telephone		Email	
620 390 9964		jasonforks119th@gmail.com	
Office Sought	District No.		
State Representative	119th		

TREASURER

Date Appointed	4/18/2024		
Name	Jason Goetz		
Mailing Address	2425 Bell Ave		
City		Zip Code	
Dodge City		67801	
Telephone		Email	
620 390 9964		jasonforks119th@gmail.com	

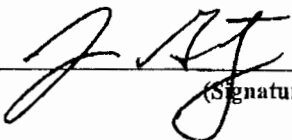
OR CANDIDATE COMMITTEE

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."

4/18/2024
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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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: **Jason W Goetz**

Address: **2425 Bell ave**

Address2:

City: **Dodge City** Zip: **67801**

Home Phone: **(620) 390-9964** Business Phone: Cell Phone: **(620) 390-9964**

County: **Ford** Email Address: **jasonforks119th@gmail.com**

Office Sought: **State Representative** District No.: **119**

Treasurer Date Appointed: **06/15/2022**

Treasurer Name: **Laura Francis**

Address: **2201 Crescent Dr.**

Address2:

City: **Dodge City** State: **KS** Zip: **67801**

Home Telephone: Business Phone: Cell Phone: **(620) 430-7767**

Email Address: **lauratawater@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: **7/7/2022 2:50:35 PM** Signature of Candidate: **Jason W goetz**