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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: **Lon E Pishny**
Address: **545 S. Towns Blvd**
Address2:
City: **Garden City** Zip: **67846**
Home Phone: Business Phone: Cell Phone: **(620) 276-9860**
County: **Finney** Email Address: **pfslon@swbell.net**
Office Sought: **State Representative** District No.: **122**

Treasurer

Date Appointed: **11/21/2023**
Treasurer Name: **Jacque Timson**
Address: **P.O. Box 2428**
Address2:
City: **Garden City** State: **KS** Zip: **67846**
Home Telephone: Business Phone: Cell Phone: **(620) 290-4506**
Email Address: **jacque@jacquetimson.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:

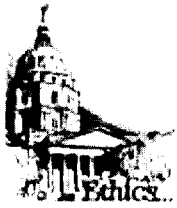
Email Address:

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: **11/21/2023 9:00:12 AM** Signature of Candidate: **Lon E. Pishny**

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Candidate

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Address2:
City: **Garden City** Zip: **67846**
Home Phone: Business Phone: Cell Phone: **(620) 276-9860**
County: **Finney** Email Address: **pfslon@swbell.net**
Office Sought: **State Representative** District No.: **122**

Treasurer

Date Appointed: **11/08/2023**
Treasurer Name: **Lon Pishny**
Address: **545 S. Towns Blvd**
Address2:
City: **Garden City** State: **KS** Zip: **67846**
Home Telephone: Business Phone: Cell Phone: **(620) 276-9860**
Email Address: **pfslon@swbell.net**

**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: **11/8/2023 11:37:09 AM** Signature of Candidate: **Lon E. Pishny**