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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: **J.R. Claeys**  
Address: **2157 Redhawk Lane**  
Address2:  
City: **Salina** Zip: **67401**  
Home Phone: Business Phone: Cell Phone: **(785) 250-5758**  
County: **Saline** Email Address: **jr@claeys.com**  
Office Sought: **State Senator** District No.: **24**

**Treasurer** Date Appointed: **08/05/2020**  
Treasurer Name: **Caitlin Claeys**  
Address: **2157 Redhawk Ln**  
Address2:  
City: **Salina** State: **KS** Zip: **67401**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **jr@claeys.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: **8/16/2020 3:08:33 PM** Signature of Candidate: **J.R. Claeys**

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County: **Saline** Email Address: **jr@claeys.com**  
Office Sought: **State Senator** District No.: **24**

**Treasurer** Date Appointed: **06/01/2020**  
Treasurer Name: **Mark Hassman**  
Address: **901 E Prescott**  
Address2:  
City: **Salina** State: **KS** Zip: **67401**  
Home Telephone: Business Phone: Cell Phone: **(785) 452-1916**  
Email Address: **mark@hassmantermite.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: **6/3/2020 8:14:15 PM** Signature of Candidate: **J.R. Claeys**

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