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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: **Martha J Baumgardner**

Address: **29467 Masters Ct**

Address2:

City: **Louisburg** Zip: **66053**

Home Phone: Business Phone: Cell Phone: **(913) 709-1069**

County: **Miami** Email Address: **Molly@molly4kansas.com**

Office Sought: **State Senator** District No.: **37**

Treasurer

Date Appointed: **03/18/2024**

Treasurer Name: **Brian Baumgardner**

Address: **29467 Masters Ct**

Address2:

City: **Louisburg** State: **KS** Zip: **66053**

Home Telephone: Business Phone: Cell Phone: **(913) 441-1220**

Email Address: **Brian@molly4kansas.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: **3/22/2024 11:22:10 AM** Signature of Candidate: **Martha J. Baumgardner**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED
MAR 18 2024
SCOTT SCHWAB
SECRETARY OF STATE

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

CANDIDATE

| | | | |
|-----------------|------------------------|----------|--|
| Name | Molly Baumgardner | | |
| Mailing Address | 294670 Masters Court | | |
| City | County | Zip Code | |
| Louisburg | Miami | 66053 | |
| Telephone | Email | | |
| 913-709-1069 | molly@molly4kansas.com | | |
| Office Sought | District No. | | |
| Kansas senate | 37 | | |

TREASURER

| | | | |
|-----------------|------------------------|----------|--|
| Date Appointed | March 15, 2024 | | |
| Name | DR Brian Baumgardner | | |
| Mailing Address | 29467 Masters Court | | |
| City | County | Zip Code | |
| Louisburg | | 66053 | |
| Telephone | Email | | |
| 913-441-1220 | brian@molly4kansas.com | | |

OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--------|----------|--|
| Date Appointed | | | |
| Chairperson's Name | | | |
| Mailing Address | | | |
| City | County | Zip Code | |
| Telephone | Email | | |
| Treasurer's Name | | | |
| Mailing Address | | | |
| City | County | 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."

3/18/24
(Date)

Molly Baumgardner
(Signature of Candidate)

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate

Candidate Name: **Martha J Baumgardner**
Address: **29467 Masters Ct**
Address2:
City: **Louisburg** Zip: **66053**
Home Phone: **(913) 709-1069** Business Phone: Cell Phone: **(913) 441-1220**
County: **Miami** Email Address: **Brian@molly4kansas.com**
Office Sought: **State Senator** District No.: **37**

Treasurer

Date Appointed: **03/13/2024**
Treasurer Name: **Brian Baumgardner**
Address: **29467 Masters Ct**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Home Telephone: **(913) 709-1069** Business Phone: Cell Phone: **(913) 441-1220**
Email Address: **Brian@molly4kansas.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: **3/13/2024 2:09:08 PM** Signature of Candidate: **Brian J. Baumgardner**

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Martha Baumgardner**
Address: **29467 Masters Court**
Address2:
City: **Louisburg** Zip: **66053**
Home Phone: Business Phone: **(913) 451-0056** Cell Phone:
County: **Miami** Email Address: **brian@molly4kansas.com**
Office Sought: **State Senator** District No.: **37**

Treasurer Date Appointed: **03/26/2014**
Treasurer Name: **Richard Ong**
Address: **9225 Indian Creek Pkwy**
Address2: **Ste 100**
City: **Overland Park** State: **KS** Zip: **66210-2037**
Home Telephone: Business Phone: **(913) 451-0056** Cell Phone:
Email Address: **dick@ongandcompany.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:
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: **10/24/2014 10:45:12 AM** Signature of Candidate: **Richard H. Ong**

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