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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: **William S Clifford**  
Address: **102 Drury Lane**  
Address2:  
City: **Garden City** Zip: **67846**  
Home Phone: **(620) 275-4317** Business Phone: **(620) 275-7248** Cell Phone: **(620) 260-5799**  
County: **Finney** Email Address: **cliff@fryeye.com**  
Office Sought: **State Senator** District No.: **39**

**Treasurer**

Date Appointed: **04/23/2023**  
Treasurer Name: **Mark Davis**  
Address: **PO Box 694**  
Address2:  
City: **Syracuse** State: **KS** Zip: **67878**  
Home Telephone: **(620) 384-4970** Business Phone: Cell Phone: **(620) 384-4970**  
Email Address: **markdavis@wbsnet.org**

**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: **4/23/2023 2:49:27 PM** Signature of Candidate: **William S. Clifford, MD**