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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

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

**Candidate** Candidate Name: **David J Powell**  
Address: **6872 NE Cole Creek Rd**  
Address2:  
City: **El Dorado** Zip: **67042**  
Home Phone: **(316) 322-9077** Business Phone: **(316) 320-2291** Cell Phone: **(316) 641-2151**  
County: **Butler** Email Address: **papadjp1946@gmail.com**  
Office Sought: **Insurance Commissioner** District No.:

**Treasurer** Date Appointed: **11/15/2016**  
Treasurer Name: **Greg E Nance**  
Address: **234 N Gleneagles Ct**  
Address2:  
City: **Wichita** State: **KS** Zip: **67212**  
Home Telephone: **(316) 722-1234** Business Phone: **(316) 263-3293** Cell Phone: **(316) 214-6283**  
Email Address: **gregn51@hotmail.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: **11/15/2016 2:39:07 PM** Signature of Candidate: **David J Powell**

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This is an (Check one)  Initial Appointment  Amended Statement

**Candidate**

Candidate Name: **DAVID POWELL**  
Address: **6872 NE COLE CREEK RD**  
City: **EL DORADO** Zip: **67042**  
Home Phone: **3163229077** Business Phone: **3163202091** Cell Phone: **3166412151**  
County: **Butler** Email Address: **papadjp@aol.com**  
Office Sought: **Insurance Commissioner** District No.:

**Treasurer**

Date Appointed: **05/02/2009**  
Treasurer Name: **GUY MARLIN**  
Address: **844 S STAGECOACH ST**  
City: **WICHITA** State: **KS** Zip: **67230**  
Home Telephone: **3167334573** Business Phone: **3162633293** Cell Phone: **3167083700**  
Email Address: **thedad9999@cox.net**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
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: **5/2/2009 6:10:41 PM** Signature of Candidate: **DAVID J. POWELL**

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