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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: **Joshua L Svaty**
Address: **P.O. Box 4745**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: Business Phone: Cell Phone: **(785) 472-7794**
County: Email Address: **Joshua@joshuasvaty.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **05/16/2017**
Treasurer Name: **Shirley Jacques**
Address: **P.O. Box 4745**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: **(785) 823-2676** Business Phone: Cell Phone:
Email Address: **info@joshuasvaty.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: **5/21/2018 3:06:37 PM** Signature of Candidate: **Josh Svaty**

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

Candidate Candidate Name: **Joshua L Svaty**
Address: **PO Box 342**
Address2:
City: **Ellsworth** Zip: **67439**
Home Phone: Business Phone: Cell Phone: **(785) 472-7794**
County: Email Address: **Joshua@joshuasvaty.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **05/16/2017**
Treasurer Name: **Shirley Jacques**
Address: **515 W Republic**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 823-2676** Business Phone: Cell Phone:
Email Address: **Joshua@joshuasvaty.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: **5/16/2017 5:05:30 PM** Signature of Candidate: **Joshua Svaty**

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