

[Print this form](#) or [Go Back](#)



**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: **Jeffrey S Caldwell, II**
Address: **4900 W 108th St Apt 1202**
Address2:
City: **Leawood** Zip: **66211**
Home Phone: Business Phone: Cell Phone: **(913) 484-8404**
County: Email Address: **jeff4liberty@me.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **03/06/2018**
Committee Chairperson's Name: **Brandon Caldwell**
Address: **31620 Rockville Rd**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Home Telephone: Business Phone: Cell Phone:
Email Address: **caldwell.brandon@hotmail.com**

Date Appointed: **03/05/2018**
Treasurer's Name: **Jason Conley**
Address: **9127 Ann Ave**
Address2:
City: **Kansas City** State: **KS** Zip: **66112**
Home Telephone: Business Phone: Cell Phone:

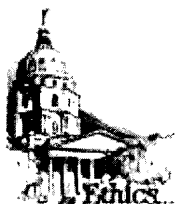
Email Address: **jason@jasonloveskansas.com**

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: **3/6/2018 2:46:22 PM** Signature of Candidate: **Jeffrey S. Caldwell, II**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



**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: **Jeffrey S Caldwell, II**
Address: **4900 W 108th St Apt 1202**
Address2:
City: **Leawood** Zip: **66211**
Home Phone: Business Phone: Cell Phone: **(913) 484-8404**
County: Email Address: **jeff4liberty@me.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **03/05/2018**
Treasurer Name: **Jason Conley**
Address: **9127 Ann Ave.**
Address2:
City: **Kansas City** State: **KS** Zip: **66112**
Home Telephone: Business Phone: Cell Phone: **(316) 734-9650**
Email Address: **jason@jasonloveskansas.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: **3/5/2018 2:01:01 PM** Signature of Candidate: **Jeffrey S. Caldwell, II**

[Print this form](#) or [Go Back](#)