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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: **Melanie Haas**

Address: **9909 Craig Dr**

Address2:

City: **Overland Park** Zip: **66212**

Home Phone: Business Phone: Cell Phone: **(913) 221-8469**

County: Email Address: **boe@melhaas.com**

Office Sought: **State Board of Education** District No.: **2**

Treasurer Date Appointed: **07/27/2020**

Treasurer Name: **Tess Pattison-Wade**

Address: **PO BOX 32804**

Address2:

City: **Kansas City** State: **MO** Zip: **64171**

Home Telephone: Business Phone: Cell Phone: **(816) 562-5602**

Email Address: **tess@piqueco.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:

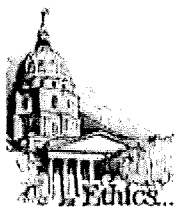
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **8/26/2021 3:15:06 PM** Signature of Candidate: **Melanie Haas**

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Address2:
City: **Overland Park** Zip: **66212**
Home Phone: Business Phone: Cell Phone: **(913) 221-8469**
County: Email Address: **boe@melhaas.com**
Office Sought: **State Board of Education** District No.: **2**

Treasurer Date Appointed: **04/15/2020**
Treasurer Name: **Nathan Haas**
Address: **9909 Craig Dr**
Address2:
City: **Overland Park** State: **KS** Zip: **66212**
Home Telephone: Business Phone: Cell Phone: **(913) 980-6283**
Email Address: **boe@melhaas.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: **4/15/2020 3:03:55 PM** Signature of Candidate: **Melanie Haas**

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