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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: **Jason C Winbolt**
Address: **16392 S Ryckert St**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: **(913) 221-6880** Business Phone: **(913) 221-6880** Cell Phone: **(913) 221-6880**
County: **Johnson** Email Address: **jna0708@gmail.com**
Office Sought: **State Board of Education** District No.: **3**

Treasurer Date Appointed: **05/21/2018**
Treasurer Name: **Angela Schelp**
Address: **16392 S Ryckert St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(913) 269-1135** Business Phone: **(913) 269-1135** Cell Phone: **(913) 269-1135**
Email Address: **jna0708@gmail.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: **7/28/2018 9:14:04 AM** Signature of Candidate: **Jason C Winbolt**

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APPOINTMENT OF

MAY 17 2018

TREASURER OR CANDIDATE COMMITTEE FORM

RECEIVED

MAY 16 2018

KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

Name	JASON C. WINBOLT		
Street	16392 S RYCKERT ST		
City	CLATHE	County	JOHNSON
Zip Code	66067		
Home Telephone	9132216880	Business Telephone	
Office Sought	STATE BOARD OF EDUCATION		District No. 3

TREASURER

Date Appointed	05/11/2018		
Name	ANGELA C. SCHELP		
Address	16392 S RYCKERT ST		
City	CLATHE	Zip Code	66067
Home Telephone	9132691135	Business Telephone	

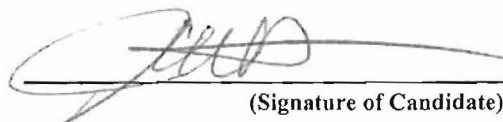
OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

SIGNATURE

"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."

05/11/2018
(Date)


(Signature of Candidate)

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