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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

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate

Candidate Name: **Roberta Eveslage**

Address: **8513 Bridledale St.**

Address2:

City: **Lenexa** Zip: **66220**

Home Phone: **(913) 422-7831** Business Phone: **(913) 422-7829** Cell Phone: **(913) 221-5897**

County: **Johnson** Email Address: **reveslage@kc.rr.com**

Office Sought: **State Representative** District No.: **14**

Treasurer

Date Appointed: **06/12/2010**

Treasurer Name: **Ronald Contino**

Address: **8513 Bridledale St.**

Address2:

City: **Lenexa** State: **KS** Zip: **66220**

Home Telephone: **(913) 422-7831** Business Phone: Cell Phone: **(913) 226-7571**

Email Address: **ronc@kc.rr.com**

**Candidate
Committee**

Date Appointed:

Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

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: **7/16/2012 9:39:00 AM** Signature of Candidate: **Roberta Eveslage**

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APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE JUN 19 2012

This is an (Check one)



Initial Appointment



Amended Statement

KS Governmental Ethics Commission

CANDIDATE

(Please Type or Print)

Name	Roberta A. Eveslage		
Street	8513 Bridledale St		
City	Lenexa	County	Johnson
		Zip Code	66220-3229
Home Telephone	913-422-7831	Business Telephone	913-422-7829
Office Sought	KANSAS HOUSE OF REPRESENTATIVES		District No. 14

TREASURER

Date Appointed	6/17/2012		
Name	DIANE LINVER		
Address	20500 MILL RD.		
City	LENEXA	Zip Code	66220-3229
Home Telephone		Business Telephone	

OR CANDIDATE COMMITTEE

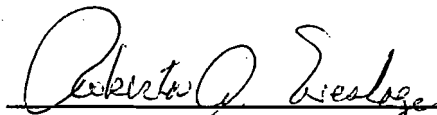
Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

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."

06/17/2012

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS