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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](http://www.kansas.gov/ethics)

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

**Candidate**

Candidate Name: **Charissa JarboeGale**  
Address: **2916 W 15th St N**  
Address2:  
City: **Wichita** Zip: **67203-1703**  
Home Phone: Business Phone: Cell Phone: **(316) 708-0975**  
County: **Sedgwick** Email Address: **charissaj@yahoo.com**  
Office Sought: **State Representative** District No.: **91**

**Treasurer**

Date Appointed: **01/03/2012**  
Treasurer Name: **Bill Gale**  
Address: **2916 W 15th St N**  
Address2:  
City: **Wichita** State: **KS** Zip: **67203-1703**  
Home Telephone: **(316) 943-0953** Business Phone: Cell Phone:  
Email Address: **billgale50@yahoo.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: **1/3/2012 5:07:40 PM** Signature of Candidate: **Charissa JarboeGale**

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