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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: **Arlen H Siegfroid**  
Address: **1403 W Prairie Terrace TER**  
Address2:  
City: **Olathe** Zip: **66061**  
Home Phone: **(913) 764-3643** Business Phone: Cell Phone: **(913) 406-4093**  
County: **Johnson** Email Address: **siegfried@comcast.net**  
Office Sought: **State Representative** District No.: **121**

**Treasurer** Date Appointed: **08/21/2012**  
Treasurer Name: **Barbara Siegfroid**  
Address: **1403 W Prairie TER**  
Address2:  
City: **Olathe** State: **KS** Zip: **66061**  
Home Telephone: **(913) 764-3643** Business Phone: **(913) 406-4086** Cell Phone: **(913) 406-4086**  
Email Address: **barbarasiegfried@gmail.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: **8/21/2012 5:34:52 PM** Signature of Candidate: **Arlen H. Siegfroid**

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