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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: **Scott J Barnhart**
Address: **4019 Louisiana Rd**
Address2:
City: **Ottawa** Zip: **66067**
Home Phone: Business Phone: Cell Phone: **(785) 214-2042**
County: **Franklin** Email Address: **scott@scottbarnhart.com**
Office Sought: **State Representative** District No.: **59**

Treasurer Date Appointed: **06/12/2014**
Treasurer Name: **Scott Barnhart**
Address: **4019 Louisiana Rd**
Address2:
City: **Ottawa** State: **KS** Zip: **66067**
Home Telephone: **(785) 214-2042** Business Phone: **(785) 214-2042** Cell Phone: **(785) 214-2042**
Email Address: **scott@scottbarnhart.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:
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: **6/12/2014 9:36:11 AM** Signature of Candidate: **Scott J. Barnhart**

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