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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: **Leesa M Gabel**
Address: **906 E. Oakview St.**
Address2:
City: **Olathe** Zip: **66061**
Home Phone: **(913) 907-5316** Business Phone: **(913) 907-5316** Cell Phone: **(913) 907-5316**
County: **Johnson** Email Address: **leesagabel@gmail.com**
Office Sought: **State Representative** District No.: **14**

Treasurer Date Appointed: **09/23/2015**
Treasurer Name: **Craig Gabel**
Address: **906 E. Oakview St.**
Address2:
City: **Olathe** State: **KS** Zip: **66061**
Home Telephone: **(913) 579-6138** Business Phone: **(913) 579-6138** Cell Phone: **(913) 579-6138**
Email Address: **craiggabel@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: **9/23/2015 5:02:56 PM** Signature of Candidate: **Leesa M. Gabel**

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