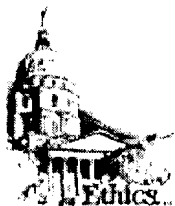


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Helen M Stoll**
Address: **7601 Constance Street**
Address2:
City: **Lenexa** Zip: **66216**
Home Phone: Business Phone: Cell Phone: **(913) 488-3723**
County: **Johnson** Email Address: **helenstollforkansas@gmail.com**
Office Sought: **State Representative** District No.: **17**

Treasurer Date Appointed: **05/23/2016**
Treasurer Name: **Allison W White**
Address: **7640 Alden Road**
Address2:
City: **Lenexa** State: **KS** Zip: **66216**
Home Telephone: **(913) 248-0255** Business Phone: Cell Phone: **(913) 488-3077**
Email Address: **allisonwhite@everestkc.net**

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:
Address:
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: **5/23/2016 9:08:08 PM** Signature of Candidate: **Helen M Stoll**

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