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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: **Melissa A Rooker**
Address: **4124 Brookridge Dr**
Address2:
City: **Fairway** Zip: **66205**
Home Phone: **(913) 384-7371** Business Phone: Cell Phone: **(913) 961-1555**
County: **Johnson** Email Address: **melissa@melissarooker.com**
Office Sought: **State Representative** District No.: **25**

Treasurer Date Appointed: **06/11/2012**
Treasurer Name: **Sheila Davis**
Address: **5531 Neosho Ave**
Address2:
City: **Fairway** State: **KS** Zip: **66205**
Home Telephone: **(913) 362-0617** Business Phone: **(816) 932-8706** Cell Phone: **(913) 522-0528**
Email Address: **sheila.davis.1022@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: **7/19/2012 5:59:12 PM** Signature of Candidate: **Melissa A Rooker**

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