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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: **Joseph B Scapa**
Address: **2209 S. White Cliff Ln.**
Address2:
City: **Wichita** Zip: **67207-5453**
Home Phone: **(316) 682-8720** Business Phone: **(316) 636-2323** Cell Phone: **(316) 619-0935**
County: **Sedgwick** Email Address: **josephscapa@gmail.com**
Office Sought: **State Representative** District No.: **88**

Treasurer

Date Appointed: **01/27/2010**
Treasurer Name: **Gary Walker**
Address: **216 Burr Oak**
Address2:
City: **Wichita** State: **KS** Zip: **67206**
Home Telephone: **(316) 685-1296** Business Phone: **(316) 262-6400** Cell Phone:
Email Address: **gary@weigand.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: **7/16/2012 4:32:22 PM** Signature of Candidate: **Joseph Brian Scapa**

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