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

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Steven G Crum**  
Address: **315 Linden Lane**  
Address2:  
City: **Haysville** Zip: **67060**  
Home Phone: **(316) 259-5067** Business Phone: **(316) 554-2273** Cell Phone: **(316) 258-8077**  
County: **Sedgwick** Email Address: **secondgencoach@aol.com**  
Office Sought: **State Representative** District No.: **98**

**Treasurer** Date Appointed: **04/03/2017**  
Treasurer Name: **Paige Crum**  
Address: **315 Linden Lane**  
Address2:  
City: **Haysville** State: **KS** Zip: **67060**  
Home Telephone: Business Phone: Cell Phone: **(316) 259-5067**  
Email Address: **theyoungcrums@aol.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:  
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: **4/3/2017 6:23:30 PM** Signature of Candidate: **Steven G. Crum**

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**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

FILED  
MAY 9 2016  
KRIS W. SOBACH  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

|                             |                    |          |  |
|-----------------------------|--------------------|----------|--|
| Name                        | Steven G. Crum     |          |  |
| Street                      | 315 Linden Lane    |          |  |
| City                        | County             | Zip Code |  |
| Haysville                   | Sedgewick          | 67060    |  |
| Home Telephone              | Business Telephone |          |  |
| 316.491.1980                |                    |          |  |
| Office Sought               | District No.       |          |  |
| KS House of Representatives | 98                 |          |  |

**TREASURER**

|                |                    |  |  |
|----------------|--------------------|--|--|
| Date Appointed | 5-5-16             |  |  |
| Name           | Rolla Crum         |  |  |
| Address        | 156 VanArsdale     |  |  |
| City           | Zip Code           |  |  |
| Haysville      | 67060              |  |  |
| Home Telephone | Business Telephone |  |  |
| 316.524.0006   |                    |  |  |

**OR CANDIDATE COMMITTEE**

|                    |                    |  |  |
|--------------------|--------------------|--|--|
| Date Appointed     |                    |  |  |
| Chairperson's Name |                    |  |  |
| Address            |                    |  |  |
| City               | Zip Code           |  |  |
| Home Telephone     | Business Telephone |  |  |
| Treasurer's Name   |                    |  |  |
| Address            |                    |  |  |
| City               | Zip Code           |  |  |
| Home Telephone     | Business Telephone |  |  |

**SIGNATURE**

"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."

5-5-16

(Date)

Steven G. Crum

(Signature of Candidate)

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**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED  
JAN 27 2014  
KRIS W. KOBACH  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

|   |  |                       |
|---|--|-----------------------|
| Name <b>Steven G. Crum</b>                    |  |                       |
| Street <b>315 Linden Lane</b>                 |  |                       |
| City <b>Haysville</b>                         | County <b>Sedgwick</b>                 | Zip Code <b>67060</b> |
| Home Telephone <b>316.258.8077</b>            | Business Telephone <b>316.554.2273</b> |                       |
| Office Sought <b>House of Representatives</b> | District No. <b>98</b>                 |                       |

**TREASURER**

|  |  |  |
|--|--|--|
| Date Appointed <b>January 23, 2014</b> |  |  |
| Name <b>Geraldine Flaharty</b>         |  |  |
| Address <b>1816 E Fernwood St</b>      |  |  |
| City <b>Wichita</b>                    | Zip Code <b>67216</b>                  |  |
| Home Telephone <b>316.524.8039</b>     | Business Telephone <b>316.524.8039</b> |  |

**OR CANDIDATE COMMITTEE**

|                    |                    |  |
|--------------------|--------------------|--|
| Date Appointed     |                    |  |
| Chairperson's Name |                    |  |
| Address            |                    |  |
| City               | Zip Code           |  |
| Home Telephone     | Business Telephone |  |
| Treasurer's Name   |                    |  |
| Address            |                    |  |
| City               | Zip Code           |  |
| Home Telephone     | Business Telephone |  |

**SIGNATURE**

"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."

01-22-14  
(Date)

*Steven G. Crum*  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**