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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: **James F Eschrich**

Address: **8041 Hall St**

Address2:

City: **Lenexa** Zip: **66219**

Home Phone: **(913) 707-1131** Business Phone: **(913) 707-1131** Cell Phone: **(913) 707-1131**

County: **Johnson** Email Address: **j.eschrichresearch@gmail.com**

Office Sought: **State Representative** District No.: **17**

Treasurer Date Appointed: **11/27/2017**

Treasurer Name: **Sarah Bower**

Address: **8041 Hall St**

Address2:

City: **Lenexa** State: **KS** Zip: **66219**

Home Telephone: **(913) 961-1765** Business Phone: **(913) 961-1765** Cell Phone: **(913) 961-1765**

Email Address: **sbnimbus@gmail.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: **11/28/2017 12:33:35 AM** Signature of Candidate: **James F. Eschrich**

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