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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: **CHARLES E SMITH**  
Address: **2112 WEST FOURTH STREET**  
Address2:  
City: **PITTSBURG** Zip: **66762**  
Home Phone: Business Phone: Cell Phone: **(620) 719-0157**  
County: **Crawford** Email Address: **smithe@ollsmc.com**  
Office Sought: **State Representative** District No.: **3**

**Treasurer** Date Appointed: **08/01/2020**  
Treasurer Name: **Jeffrey Wilbert**  
Address: **611 N. Catalpa**  
Address2:  
City: **PITTSBURG** State: **KS** Zip: **66762**  
Home Telephone: **(620) 231-0752** Business Phone: Cell Phone:  
Email Address: **Smithe@ollsmc.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: **8/4/2020 3:21:47 PM** Signature of Candidate: **Charles E. Smith**

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

**RECEIVED**  
 JUN 29 2020  
 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: **CHARLES E SMITH**  
 Address: **2112 WEST FOURTH STREET**  
 Address2:  
 City: **PITTSBURG** Zip: **66762**  
 Home Phone: **(620) 231-0274** Business Phone: Cell Phone: **(620) 719-0157**  
 County: **Crawford** Email Address: **smithc@ollsmc.com**  
 Office Sought: **State Representative** District No.: **3**

**COPY FOR YOUR  
INFORMATION**

**Treasurer** Date Appointed: **05/23/2014**  
 Treasurer Name: **GEORGE NETTELS JR**  
 Address: **709 NORTH LOCUST STREET**  
 Address2:  
 City: **PITTSBURG** State: **KS** Zip: **66762**  
 Home Telephone: **(620) 231-6831** Business Phone: **(620) 231-8120** Cell Phone:  
 Email Address: **lindsay@midwestminerals.com**



*lindsay.smith@midwestminerals.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:  
 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: **7/25/2014 3:55:29 PM** Signature of Candidate: **CHARLES E SMITH**

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**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM**

RECEIVED

JUN 29 2020

**FOR CANDIDATE FOR STATE OFFICE**

KS Governmental Ethics Commission

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print) *C.S.*

**CANDIDATE**

Name <i>Charles E. Smith</i>	
Street <i>2112 W. 4<sup>th</sup></i>	
City <i>Pittsburg</i>	County <i>Crawford</i> Zip Code <i>66762</i>
Home Telephone <i>620 719 0157</i>	Business Telephone
Office Sought <i>House</i>	District No. <i>3</i>

**TREASURER**

Date Appointed <i>5-23-14</i>	
Name <i>George Nettels</i>	
Address <i>709<sup>th</sup> North Locust St.</i>	
City <i>Pittsburg</i>	Zip Code <i>66762</i>
Home Telephone <i>620 231 6831</i>	Business Telephone <i>620 231 8120</i>

**OR CANDIDATE COMMITTEE**

Date Appointed <i>5-23-14</i>	
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."

*6-26-20* *Charles E. Smith*  
(Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS