

[Print this form](#) or [Go Back](#)

**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: **Angela J Schweller**
Address: **20905 W 90th Terr**
Address2:
City: **Olathe** Zip: **66220**
Home Phone: Business Phone: Cell Phone: **(913) 710-1146**
County: **Johnson** Email Address: **angela4ks@gmail.com**
Office Sought: **State Representative** District No.: **14**

Treasurer Date Appointed: **06/18/2017**
Treasurer Name: **Sarah Casey**
Address: **9110 Ensley Lane**
Address2:
City: **Leawood** State: **KS** Zip: **66206**
Home Telephone: Business Phone: Cell Phone: **(816) 914-6087**
Email Address: **skcolombo@yahoo.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: **1/8/2020 12:22:28 PM** Signature of Candidate: **Angela Schweller**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

**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: **Angela J Schweller**
Address: **19769 w. 107th Street**
Address2:
City: **Olathe** Zip: **66061**
Home Phone: Business Phone: Cell Phone: **(913) 710-1146**
County: **Johnson** Email Address: **angela4ks@gmail.com**
Office Sought: **State Representative** District No.: **14**

Treasurer Date Appointed: **06/18/2017**
Treasurer Name: **Sarah Casey**
Address: **9110 Ensley Lane**
Address2:
City: **Leawood** State: **KS** Zip: **66206**
Home Telephone: Business Phone: Cell Phone: **(816) 914-6087**
Email Address: **skcolombo@yahoo.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: **6/18/2017 8:41:16 PM** Signature of Candidate: **Angela Justus Schweller**

[Print this form](#) or [Go Back](#)