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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: **Sally A Jercha**  
Address: **15069 Sherwood St**  
Address2:  
City: **Leawood** Zip: **66224**  
Home Phone: **(913) 402-7227** Business Phone: **(913) 735-6068** Cell Phone: **(913) 940-7130**  
County: **Johnson** Email Address: **sally4ks@gmail.com**  
Office Sought: **State Representative** District No.: **28**

**Treasurer** Date Appointed: **08/26/2019**  
Treasurer Name: **Sylvia Williams**  
Address: **14567 Granada Circle**  
Address2:  
City: **Leawood** State: **KS** Zip: **66224**  
Home Telephone: **(913) 499-1568** Business Phone: Cell Phone: **(816) 401-5113**  
Email Address: **sdwkc1@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: **8/26/2019 8:48:17 PM** Signature of Candidate: **Sally A Jercha**

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