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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: **Joana G Scholtz**
Address: **4914 Girard St**
Address2: **Girard St**
City: **Leavenworth** Zip: **66048**
Home Phone: **(913) 727-5216** Business Phone: Cell Phone:
County: **Leavenworth** Email Address: **jscholtz4914@gmail.com**
Office Sought: **State Representative** District No.: **40**

Treasurer Date Appointed: **02/29/2020**
Treasurer Name: **Joseph Mooney**
Address: **1428 Independence Court**
Address2:
City: **Leavenworth** State: **KS** Zip: **66048**
Home Telephone: **(913) 772-8589** Business Phone: Cell Phone: **(913) 683-2859**
Email Address: **jmooney@kc.rr.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: **2/29/2020 8:44:32 AM** Signature of Candidate: **Joana G. Scholtz**

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