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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 A Karleskint**
Address: **24542 Cantrell Road**
Address2:
City: **Tonganoxie** Zip: **66086**
Home Phone: **(785) 550-4298** Business Phone: Cell Phone: **(785) 550-4298**
County: **Leavenworth** Email Address: **jimkarleskint@yahoo.com**
Office Sought: **State Representative** District No.: **42**

Treasurer Date Appointed: **07/22/2018**
Treasurer Name: **Lois Meadows**
Address: **21048 Parallel Rd**
Address2:
City: **Tonganoxie** State: **KS** Zip: **66086**
Home Telephone: **(913) 845-2666** Business Phone: Cell Phone: **(816) 863-4197**
Email Address: **loisjmeadows@yahoo.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: **7/22/2018 9:18:23 AM** Signature of Candidate: **Jim Karleskint**

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