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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: **elliott adams**  
Address: **620 North Main Street**  
Address2:  
City: **Goddard** Zip: **67052**  
Home Phone: **(316) 339-7058** Business Phone: Cell Phone:  
County: Email Address: **adams4kansas@gmail.com**  
Office Sought: **State Representative** District No.: **101**

**Treasurer** Date Appointed: **07/27/2020**  
Treasurer Name: **elliott Adams**  
Address: **620 N. Main St.**  
Address2:  
City: **goddard** State: **KS** Zip: **67052**  
Home Telephone: **(316) 339-7058** Business Phone: Cell Phone:  
Email Address: **adams4kansas@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: **7/27/2020 8:46:47 PM** Signature of Candidate: **elliott adams**

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**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

**RECEIVED**  
MAY 13 2020  
SCOTT SCHWAB  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement  
CANDIDATE (Please Type or Print)

Name	ELLIOTT ADAMS		
Street	670 N MAIN		
City	6000ARD	County	SEDBWICK Zip Code 67052
Home Telephone	(316) 339-7058	Business Telephone	
Office Sought	HOUSE OF REPRESENTATIVES		District No. 101

**TREASURER**

Date Appointed	5/4/20		
Name	LESLIE ADAMS		
Address	670 N MAIN		
City	6000ARD	Zip Code	67052
Home Telephone	(316) 339-7058	Business Telephone	

**OR CANDIDATE COMMITTEE**

Date Appointed			
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."

5/4/20  
(Date)

*Elliott Adams*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS