



**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: **Todd C Staerkel**
Address: **1134 SW High Ave**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: Business Phone: Cell Phone: **(785) 383-8516**
County: **Shawnee** Email Address: **tstaerkel@msn.com**
Office Sought: **State Representative** District No.: **55**

Treasurer Date Appointed: **06/20/2022**
Treasurer Name: **Bob Eckhart**
Address: **2948 SW Staffordshire Rd**
Address2:
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: **(785) 640-9700** Business Phone: Cell Phone:
Email Address: **campaign.stuff.to.bob@btechrad.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: **7/24/2022 10:38:09 PM** Signature of Candidate: **Todd C Staerkel**

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: **Todd C Staerkel**
Address: **1134 SW High Ave**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: Business Phone: Cell Phone: **(785) 383-8516**
County: **Shawnee** Email Address: **tstaerkel@msn.com**
Office Sought: **State Representative** District No.: **55**

Treasurer Date Appointed: **06/20/2022**
Treasurer Name: **Bob Eckhart**
Address: **2948 SW Staffordshire Rd**
Address2:
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: **(785) 640-9700** Business Phone: Cell Phone:
Email Address: **Bob@btechrads.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: **7/1/2022 2:48:55 PM** Signature of Candidate: **Todd C Staerkel**