

[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](http://ethics.kansas.gov)

This is an (Check one) ☐ **Initial Appointment** ☒ **Amended Statement**

**Candidate** Candidate Name: **Stephen Owens**

Address: **306 S Hoover Rd**

Address2:

City: **Hesston** Zip: **67062**

Home Phone: Business Phone: Cell Phone: **(620) 869-9487**

County: **Harvey** Email Address: **stephen@rethinkkansas.com**

Office Sought: **State Representative** District No.: **74**

**Treasurer** Date Appointed: **12/16/2021**

Treasurer Name: **Mary Rostetter**

Address: **321 E Amos St**

Address2:

City: **Hesston** State: **KS** Zip: **67062**

Home Telephone: **(620) 951-4933** Business Phone: Cell Phone: **(620) 951-4933**

Email Address: **mkrostetter20@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:

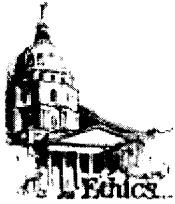
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **12/16/2021 10:11:06 AM** Signature of Candidate: **Stephen Owens**

[Print](#) this form or [Go Back](#)

[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: **Stephen Owens**  
Address: **306 S Hoover Rd**  
Address2:  
City: **Hesston** Zip: **67062**  
Home Phone: Business Phone: Cell Phone: **(620) 869-9487**  
County: **Harvey** Email Address: **stephen@rethinkkansas.com**  
Office Sought: **State Representative** District No.: **74**

**Treasurer** Date Appointed: **03/02/2018**  
Treasurer Name: **Gloria Arellano**  
Address: **321 S Pine**  
Address2:  
City: **Newton** State: **KS** Zip: **67114**  
Home Telephone: Business Phone: Cell Phone: **(316) 518-7566**  
Email Address: **glo6030@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: **3/2/2018 10:00:32 AM** Signature of Candidate: **Stephen Owens**

[Print](#) this form or [Go Back](#)