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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: **Paul D Rogers**
Address: **2271 NW Center Star Road**
Address2:
City: **Columbus** Zip: **66725**
Home Phone: **(620) 674-3094** Business Phone: Cell Phone: **(520) 674-2004**
County: **Cherokee** Email Address: **rogersp@ckt.net**
Office Sought: **State Representative** District No.: **1**

Treasurer

Date Appointed: **06/18/2024**
Treasurer Name: **Barbara Dorris**
Address: **620 Easat Maple Street**
Address2:
City: **Independence** State: **KS** Zip: **67301**
Home Telephone: **(620) 577-4841** Business Phone: Cell Phone: **(620) 332-9114**
Email Address: **bkdorris46@gmail.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: **7/25/2024 12:30:23 PM** Signature of Candidate: **Paul D. Roters**



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Candidate Candidate Name: **Paul D Rogers**
Address: **2271 NW Center Star Rd**
Address2:
City: **Columbus** Zip: **66725**
Home Phone: Business Phone: Cell Phone: **(620) 762-2596**
County: **Cherokee** Email Address: **amdavolt@gmail.com**
Office Sought: **State Representative** District No.: **1**

Treasurer Date Appointed: **06/17/2022**
Treasurer Name: **Anita Davolt**
Address: **1015 W. Maple St**
Address2:
City: **Columbus** State: **KS** Zip: **66725**
Home Telephone: **(620) 762-2596** Business Phone: Cell Phone: **(620) 762-2596**
Email Address: **amdavolt@gmail.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: **7/22/2022 3:16:09 PM** Signature of Candidate: **Paul D, Rogers**