

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: **Kaety Bowers**
Address: **53 N Lakeview Rd**
Address2:
City: **Mapleton** Zip: **66754-8100**
Home Phone: **(620) 418-5222** Business Phone: Cell Phone:
County: Email Address: **kaety.bowers@gmail.com**
Office Sought: **State Representative** District No.: **4**

Treasurer

Date Appointed: **03/15/2024**
Treasurer Name: **Donna Banwart**
Address: **1372 195th St**
Address2:
City: **Fort Scott** State: **KS** Zip: **66701**
Home Telephone: Business Phone: Cell Phone:
Email Address: **dbanwart@protonmail.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: **3/16/2024 12:50:19 PM** Signature of Candidate: **Kaitlin Bowers**

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: **Kaety Bowers**
Address: **53 N Lakeview Rd**
Address2:
City: **Mapleton** Zip: **66754-8100**
Home Phone: **(620) 418-5222** Business Phone: Cell Phone:
County: Email Address: **kaety.bowers@gmail.com**
Office Sought: **State Representative** District No.: **4**

Treasurer

Date Appointed: **03/01/2024**
Treasurer Name: **Kaety Bowers**
Address: **53 N Lakeview Rd**
Address2:
City: **Mapleton** State: **KS** Zip: **66754-8100**
Home Telephone: **(620) 418-5222** Business Phone: Cell Phone:
Email Address: **kaety.bowers@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: **3/6/2024 4:51:59 PM** Signature of Candidate: **Kaety Bowers**