



**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topcka, 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: **Megan D Steele**
Address: **8736 Eagle Feather Drive**
Address2:
City: **Manhattan** Zip: **66502**
Home Phone: **(405) 714-7835** Business Phone: Cell Phone: **(405) 714-7835**
County: **Pottawatomie** Email Address: **megan@megandsteele.com**
Office Sought: **State Representative** District No.: **51**

Treasurer

Date Appointed: **05/03/2024**
Treasurer Name: **Jaelynn Steele**
Address: **8736 Eagle Feather Drive**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Home Telephone: **(405) 780-0582** Business Phone: Cell Phone: **(405) 780-0582**
Email Address: **team@megandsteele.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: **5/3/2024 2:36:49 PM** Signature of Candidate: **Megan D. Steele**