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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: **Robert J Thomas**  
Address: **4725 Bluebird rd**  
Address2:  
City: **Wamego** Zip: **66547**  
Home Phone:    Business Phone:    Cell Phone: **(785) 844-1164**  
County: **Pottawatomie**    Email Address: **Thomas4KansasLiberty@gmail.com**  
Office Sought: **State Representative**    District No.: **61**

**Treasurer**  
Date Appointed: **05/25/2024**  
Treasurer Name: **Robert Thomas**  
Address: **4725 Bluebird**  
Address2:  
City: **Wamego** State: **KS** Zip: **66547**  
Home Telephone:    Business Phone:    Cell Phone: **(785) 844-1164**  
Email Address: **Thomas4KansasLiberty@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: **5/25/2024 5:11:46 PM**    Signature of Candidate: **Robert J Thomas**