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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: **Barbara K Wasinger**  
Address: **1602 Elm Street**  
Address2:  
City: **Hays** Zip: **67601**  
Home Phone: **(785) 317-9386** Business Phone: **(785) 625-2316** Cell Phone: **(785) 317-9386**  
County: **Ellis** Email Address: **barbwasinger@me.com**  
Office Sought: **State Representative** District No.: **111**

**Treasurer**

Date Appointed: **05/10/2019**  
Treasurer Name: **Jeff Pinkney**  
Address: **1513 E 27th St**  
Address2:  
City: **Hays** State: **KS** Zip: **67601**  
Home Telephone: Business Phone: **(785) 628-3811** Cell Phone: **(785) 255-1713**  
Email Address: **jeff@jeffpinkneycpa.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: **1/4/2024 5:57:44 PM** Signature of Candidate: **Barb Wasinger**

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County: **Ellis** Email Address: **barbwasinger@me.com**  
Office Sought: **State Representative** District No.: **111**

**Treasurer** Date Appointed: **05/10/2019**  
Treasurer Name: **Jeff Pinkney**  
Address: **2810 Plaza Avenue**  
Address2:  
City: **Hays** State: **KS** Zip: **67601**  
Home Telephone: Business Phone: **(785) 628-3811** Cell Phone: **(785) 255-1713**  
Email Address: **jeff@jeffpinkneycpa.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: **5/19/2019 3:39:54 PM** Signature of Candidate: **Barbara K. Wasinger**

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