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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: **Joseph B Lantz**
Address: **1611 E 22nd St**
Address2:
City: **Hays** Zip: **67601**
Home Phone: **(316) 258-0880** Business Phone: Cell Phone:
County: **Ellis** Email Address: **joseph.b.lantz@outlook.com**
Office Sought: **State Representative** District No.: **111**

Treasurer

Date Appointed: **06/10/2024**
Treasurer Name: **Sara Nansel-Lantz**
Address: **1611 E 22nd St**
Address2:
City: **Hays** State: **KS** Zip: **67601**
Home Telephone: **(316) 303-7795** Business Phone: Cell Phone:
Email Address: **joseph.b.lantz@outlook.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: **6/10/2024 5:59:04 PM** Signature of Candidate: **Joseph B Lantz IV**

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Candidate
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Address: **1611 E 22nd St**
Address2:
City: **Hays** Zip: **67601**
Home Phone: **(316) 258-0880** Business Phone: Cell Phone:
County: **Ellis** Email Address: **joseph.b.lantz@outlook.com**
Office Sought: **State Representative** District No.: **111**

Treasurer
Date Appointed: **05/31/2024**
Treasurer Name: **Joseph Lantz**
Address: **1611 E 22nd St**
Address2:
City: **Hays** State: **KS** Zip: **67601**
Home Telephone: **(316) 258-0880** Business Phone: Cell Phone:
Email Address: **joseph.b.lantz@outlook.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: **5/31/2024 8:30:43 PM** Signature of Candidate: **Joseph Burt Lantz IV**