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

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

**Candidate** Candidate Name: **Charles C Schmidt**

Address: **1001 N. 2nd St.**

Address2:

City: **Independence** Zip: **67301**

Home Phone: **(620) 331-5157** Business Phone: Cell Phone: **(620) 330-4576**

County: **Montgomery** Email Address: **cschmidt31@cableone.net**

Office Sought: **State Senator** District No.: **15**

**Treasurer** Date Appointed: **05/02/2016**

Treasurer Name: **Mike Baldassaro**

Address: **2813 Rolling Green Dr**

Address2:

City: **Independence** State: **KS** Zip: **67301**

Home Telephone: Business Phone: Cell Phone: **(816) 392-6143**

Email Address: **baldy4874@gmail.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:

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: **5/2/2016 2:56:09 PM** Signature of Candidate: **Charles C. Schmidt**

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Home Phone: **(620) 331-5157** Business Phone: Cell Phone: **(620) 330-4576**

County: **Montgomery** Email Address: **cschmidt31@cableone.net**

Office Sought: **State Senator** District No.: **15**

**Treasurer** Date Appointed: **02/18/2016**

Treasurer Name: **William Falstad**

Address: **2411 Gary Ave.**

Address2:

City: **Independence** State: **KS** Zip: **67301**

Home Telephone: **(620) 331-4947** Business Phone: Cell Phone: **(620) 330-1973**

Email Address: **billfalstad@gmail.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:

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: **2/18/2016 9:21:57 PM** Signature of Candidate: **Charles C. Schmidt**

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