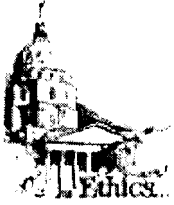


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Susan Wagle**  
Address: **4 N Sagebrush St**  
Address2:  
City: **Wichita** Zip: **67230**  
Home Phone: **(316) 733-5698** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **tswagle@aol.com**  
Office Sought: **State Senator** District No.: **30**

**Treasurer** Date Appointed: **01/01/2015**  
Treasurer Name: **Harrison Hems**  
Address: **907 April Rain Rd**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66049**  
Home Telephone: Business Phone: Cell Phone: **(760) 791-7070**  
Email Address: **harrisonhems@icloud.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: **1/4/2016 11:25:39 AM** Signature of Candidate: **Susan Wagle**

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Address: **4 N Sagebrush St**

Address2:

City: **Wichita** Zip: **67230**

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Office Sought: **State Senator** District No.: **30**

**Treasurer** Date Appointed: **01/01/2015**

Treasurer Name: **Harrison Hems**

Address: **1469 Legends Cir**

Address2:

City: **Lawrence** State: **KS** Zip: **66049**

Home Telephone: Business Phone: Cell Phone: **(760) 791-7070**

Email Address: **harrisonhems@icloud.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: **1/6/2015 5:20:44 PM** Signature of Candidate: **Susan Wagle**

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JUL 07 2004

RON THORNBURGH  
SECRETARY OF STATE

## APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

**RECEIVED**

JUL 07 2004

This is an (Check one)

☐

Initial Appointment

☒

Amended Statement

Governmental Ethics Commission

12 WEST 6TH STREET

TOPEKA, KANSAS 66612

**CANDIDATE**

(Please Type or Print)

Name	Susan Wagle		
Street	14 N. Sandalwood		
City	Wichita	County	Sedgewich Zip Code 67230
Home Telephone	316 733-5698	Business Telephone	316-685-1004
Office Sought	Senator		District No. 30

**TREASURER**

Date Appointed	6-27-04		
Name	BARBARA LAWRENCE		
Address	838 N. Glenmoor Drive		
City	Wichita, KS	Zip Code	67206
Home Telephone	685-7500	Business Telephone	

**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

**SIGNATURE**

"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."

6-28-04

(Date)

Susan Wagle

(Signature of Candidate)

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