

[Print this form](#) or [Go Back](#)



**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: **Dave Owen**
Address: **27085 West 102nd Street**
Address2:
City: **Olathe** Zip: **66061**
Home Phone: **(913) 393-0855** Business Phone: **(913) 449-8500** Cell Phone: **(913) 449-8500**
County: **Johnson** Email Address: **dowenkc@gmail.com**
Office Sought: **State Senator** District No.: **9**

Treasurer Date Appointed: **09/16/2020**
Treasurer Name: **Charles Claar Jr**
Address: **2216 Saint Andrew Circle**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Home Telephone: **(620) 260-6463** Business Phone: Cell Phone: **(620) 260-6463**
Email Address: **cclaar@cox.net**

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: **9/16/2020 1:47:11 PM** Signature of Candidate: **Dave Owen**

[Print this form](#) or [Go Back](#)