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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: **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: **12408 Catalina St**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
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:
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: **1/10/2018 8:34:43 PM** Signature of Candidate: **Susan Wagle**

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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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