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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: **Stacey B Knoell**
Address: **12501 S. Arapaho Drive**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(816) 668-9190**
County: **Johnson** Email Address: **knoell4kansas@gmail.com**
Office Sought: **State Senator** District No.: **9**

Treasurer Date Appointed: **10/11/2019**
Treasurer Name: **Michael Rinke**
Address: **11531 Northwood Drive**
Address2:
City: **Olathe** State: **KS** Zip: **66061**
Home Telephone: **(913) 599-3557** Business Phone: Cell Phone: **(913) 226-3155**
Email Address: **wmrinke1@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:
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: **7/7/2020 4:24:22 PM** Signature of Candidate: **Stacey B. Knoell**

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