

[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: **David Schneider**
Address: **8624 Quarry Rd**
Address2:
City: **Milford** Zip: **66514**
Home Phone: Business Phone: Cell Phone: **(620) 381-3962**
County: **Geary** Email Address: **dave4ks@pm.me**
Office Sought: **State Senator** District No.: **17**

Treasurer

Date Appointed: **05/28/2024**
Treasurer Name: **Cecilia Russell**
Address: **8624 Quarry Rd**
Address2:
City: **Milford** State: **KS** Zip: **66514**
Home Telephone: Business Phone: Cell Phone: **(620) 381-3962**
Email Address: **dave4ks@pm.me**

**Candidate
Committee**

Date Appointed:
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: **5/28/2024 4:42:46 PM** Signature of Candidate: **David Schneider**