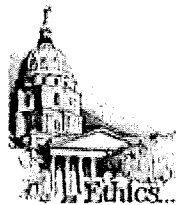


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Kristen B O'Shea**  
Address: **1010 NW 39th St.**  
Address2:  
City: **Topeka** Zip: **66618**  
Home Phone: Business Phone: Cell Phone: **(405) 625-5896**  
County: **Shawnee** Email Address: **kristen@osheastrengthscoaching.com**  
Office Sought: **State Senator** District No.: **18**

**Treasurer** Date Appointed: **05/17/2020**  
Treasurer Name: **Timothy O'Shea**  
Address: **3519 NW Topeka Blvd.**  
Address2:  
City: **Topeka** State: **KS** Zip: **66617**  
Home Telephone: **(785) 286-2624** Business Phone: **(785) 231-6234** Cell Phone:  
Email Address: **toshea@capfed.com**

**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: **5/17/2020 1:58:00 PM** Signature of Candidate: **Kristen O'Shea**

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