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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: **Adam T Thomas**

Address: **16272 S Sunset St.**

Address2:

City: **Olathe** Zip: **66062**

Home Phone: **(615) 624-2991** Business Phone: Cell Phone: **(615) 624-2991**

County: **Johnson** Email Address: **adamt.thomas@yahoo.com**

Office Sought: **State Senator** District No.: **23**

Treasurer

Date Appointed: **06/14/2023**

Treasurer Name: **Kristin Thomas**

Address: **16272 S Sunset St.**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: **(615) 881-6166** Business Phone: Cell Phone: **(615) 881-6166**

Email Address: **kristinl.thomas@yahoo.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: **1/9/2024 5:41:58 PM** Signature of Candidate: **Adam Thomas**

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Candidate

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City: **Olathe** Zip: **66062**
Home Phone: **(615) 624-2991** Business Phone: Cell Phone:
County: Email Address: **adamt.thomas@yahoo.com**
Office Sought: **State Senator** District No.: **23**

Treasurer

Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Committee

Date Appointed: **06/14/2023**
Chairperson's Name: **Adam Thomas**
Address: **16272 south sunset street**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(615) 624-2991** Business Phone: Cell Phone:
Email Address: **adamt.thomas@yahoo.com**

Date Appointed: **06/14/2023**
Treasurer's Name: **Kristin Thomas**
Address: **16272 south sunset street**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(615) 624-2991** Business Phone: Cell Phone:

Email Address: **kristinl.thomas@yahoo.com**

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: **6/14/2023 12:39:51 PM** Signature of Candidate: **Adam Thomas**