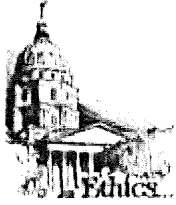


[Print this form](#) or [Go Back](#)



**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: **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.: **23**

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
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: **1/1/2024 1:56:35 PM** Signature of Candidate: **Stacey B Knoell**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

FILED
NOV 13 2023
SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement
CANDIDATE (Please Type or Print)

Name Stacey B. Knoell		
Mailing Address 12501 S. Arapaho Drive		
City Olathe	County Johnson	Zip Code 66062
Telephone 816-668-9190	Email sbknoell@gmail.com	
Office Sought State Senate	District No. 23	

TREASURER

Date Appointed October 11, 2019		
Name W. Michael Rinke		
Mailing Address 11531 Northwood Drive		
City Olathe	Zip Code 66061	
Telephone 913-226-3155	Email wmrinke1@gmail.com	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

SIGNATURE

"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."

11/13/2023
(Date)

Stacey B. Knoell
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS