

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: **Renee Erickson**  
Address: **26 N Cypress Dr**  
Address2:  
City: **Wichita** Zip: **67206**  
Home Phone: **(316) 217-1308** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **ericksonrenee62@gmail.com**  
Office Sought: **State Senator** District No.: **30**

**Treasurer** Date Appointed: **10/23/2022**  
Treasurer Name: **Roger Erickson**  
Address: **26 N Cypress Dr**  
Address2:  
City: **Wichita** State: **KS** Zip: **67206**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **rerickson59@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: **10/23/2022 5:14:29 PM** Signature of Candidate: **Roger Erickson**

[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: **Renee K Erickson**  
Address: **26 N Cypress Dr**  
Address2:  
City: **Wichita** Zip: **67206**  
Home Phone: Business Phone: Cell Phone: **(316) 217-1308**  
County: **Sedgwick** Email Address: **ericksonforkansas@gmail.com**  
Office Sought: **State Senator** District No.: **30**

**Treasurer** Date Appointed: **08/26/2019**  
Treasurer Name: **Chet Compton**  
Address: **11505 East Pine Meadow Street**  
Address2:  
City: **Wichita** State: **KS** Zip: **67206**  
Home Telephone: Business Phone: Cell Phone: **(316) 259-5135**  
Email Address: **tchetcompton@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: **8/27/2019 9:30:54 AM** Signature of Candidate: **Renee K. Erickson**

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