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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: **Stephen B Owens**
Address: **PO BOX 606**
Address2:
City: **Hesston** Zip: **67062**
Home Phone: Business Phone: Cell Phone: **(620) 869-9487**
County: **Harvey** Email Address: **sowensforsenate@gmail.com**
Office Sought: **State Senator** District No.: **31**

Treasurer

Date Appointed: **08/28/2023**
Treasurer Name: **Mary Rostetter**
Address: **PO BOX 606**
Address2:
City: **Hesston** State: **KS** Zip: **67062**
Home Telephone: Business Phone: Cell Phone: **(620) 951-4933**
Email Address: **mkrostetter20@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:

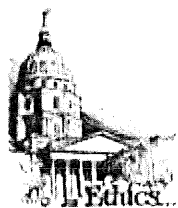
Email Address:

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: **1/3/2024 3:12:42 PM** Signature of Candidate: **Stephen Owens**

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate

Candidate Name: **Sam owen**
Address: **407 127th Ter**
Address2:
City: **Fort Scott** Zip: **66701**
Home Phone: **(620) 547-2279** Business Phone: Cell Phone: **(620) 215-0488**
County: **Bourbon** Email Address: **Sammyowen88@yahoo.com**
Office Sought: **State Senator** District No.: **13**

Treasurer

Date Appointed: **01/03/2024**
Treasurer Name: **Sam Owen**
Address: **407 127TH terrace**
Address2:
City: **Fort Scott** State: **KS** Zip: **66701**
Home Telephone: **(620) 547-2279** Business Phone: Cell Phone: **(620) 215-0488**
Email Address: **sammyowen88@yahoo.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

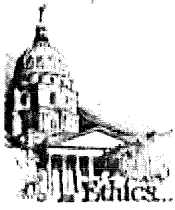
Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

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: **1/3/2024 2:47:04 PM** Signature of Candidate: **Sam Owen**



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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate

Candidate Name: **Sam owen**
Address: **407 127th Ter**
Address2:
City: **Fort Scott** Zip: **66701**
Home Phone: **(620) 547-2279** Business Phone: Cell Phone: **(620) 215-0488**
County: **Bourbon** Email Address: **Sammyowen88@yahoo.com**
Office Sought: **State Senator** District No.: **13**

Treasurer

Date Appointed: **12/05/2023**
Treasurer Name: **Patty Love**
Address: **210 S National Ave**
Address2:
City: **Fort Scott** State: **KS** Zip: **66701**
Home Telephone: Business Phone: **(620) 223-3800** Cell Phone:
Email Address: **Plove@bourboncountyks.org**

**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: **12/11/2023 6:38:34 AM** Signature of Candidate: **Sam Owen**

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

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE
(Please Type or Print)

Name <u>Stephen Owens</u>			
Mailing Address <u>PO Box 606</u>			
City <u>Hesston</u>	County <u>Harver</u>	Zip Code <u>67062</u>	
Telephone <u>6208699487</u>	Email <u>Stephen@stephenowens.com</u>		
Office Sought <u>Senate</u>	District No. <u>31</u>		

RECEIVED

AUG 28 2023

SCOTT SCHWAB
SECRETARY OF STATE

TREASURER

Date Appointed <u>8/28/23</u>	
Name <u>Kaitlyn Rostetter</u>	
Mailing Address <u>PO Box 606</u>	
City <u>Hesston</u>	Zip Code <u>67062</u>
Telephone <u>6209514933</u>	Email <u>mlsrostetter20@gmail.com</u>

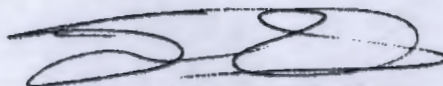
OR CANDIDATE COMMITTEE

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."

8/28/23
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS