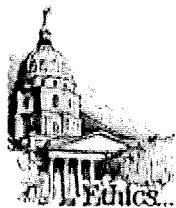


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Alicia D Straub**
Address: **401 S Kennedy Ave.**
Address2:
City: **Ellinwood** Zip: **67526**
Home Phone: **(620) 564-2196** Business Phone: Cell Phone:
County: **Barton** Email Address: **straubforkansas@gmail.com**
Office Sought: **State Senator** District No.: **33**

Treasurer Date Appointed: **05/29/2020**
Treasurer Name: **Sarah Salem**
Address: **2025 NE 40 Ave**
Address2:
City: **Ellinwood** State: **KS** Zip: **67526**
Home Telephone: **(785) 770-7656** Business Phone: Cell Phone:
Email Address: **sjosalem@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: **5/29/2020 12:23:39 AM** Signature of Candidate: **Alicia D Straub**

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