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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: **Robert T Fee**
Address: **53 Willowbrook**
Address2:
City: **Hutchinson** Zip: **67502**
Home Phone: **(620) 663-6451** Business Phone: **(620) 662-2381** Cell Phone: **(620) 727-2233**
County: **Reno** Email Address: **bob@feeinsurance.com**
Office Sought: **State Senator** District No.: **34**

Treasurer

Date Appointed: **09/01/2023**
Treasurer Name: **Allison Reed**
Address: **709 Loch Lommond**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: **(620) 770-2047** Business Phone: **(620) 728-2229** Cell Phone: **(620) 770-2047**
Email Address: **allielujah@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: **9/1/2023 10:46:21 AM** Signature of Candidate: **Robert T. Fee**