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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: **Timothy J Rose**
Address: **14545 W 187th Terrace**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 415-4625**
County: **Johnson** Email Address: **tj@tjroseforkansas.com**
Office Sought: **State Senator** District No.: **35**

Treasurer

Date Appointed: **03/01/2023**
Treasurer Name: **Tricia Sinclair**
Address: **15710 S Shannan Ln**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone: Cell Phone: **(913) 908-3969**
Email Address: **sinclairs2014@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: **7/26/2024 2:45:52 PM** Signature of Candidate: **Timothy J Rose**

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

Candidate

Candidate Name: **Timothy J Rose**
Address: **18814 S Greenway St**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 415-4625**
County: **Johnson** Email Address: **tj@tjroseforkansas.com**
Office Sought: **State Senator** District No.: **35**

Treasurer

Date Appointed: **03/01/2023**
Treasurer Name: **Tricia Sinclair**
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**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: **4/27/2023 1:24:06 PM** Signature of Candidate: **Timothy J Rose**

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APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

RECEIVED

MAR 06 2023

SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one)

Initial Appointment

Amended Statement

(Please Type or Print)

CANDIDATE

Name	TJ Rose		
Mailing Address	18814 S Greenway St		
City	County	Zip Code	
Olathe	Johnson	66062	
Telephone	913-203-8211	Email	tjrose20@gmail.com
Office Sought	State Senate		District No. 35

TREASURER

Date Appointed	3-1-23		
Name	Tricia Sinclair		
Mailing Address	15710 S Shannan Ln		
City	Zip Code		
Olathe	66062		
Telephone	913-908-3969	Email	sinclairstricia@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."

3-1-23

(Date)

Timothy J. Rose

(Signature of Candidate)

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