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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **Jean K Schodorf**

Address: **3039 Benjamin Ct.**

Address2:

City: **Wichita** Zip: **67204**

Home Phone: **(316) 259-0912** Business Phone: Cell Phone: **(316) 259-0912**

County: **Sedgwick** Email Address: **jschodorf@aol.com**

Office Sought: **Secretary of State** District No.:

Treasurer Date Appointed: **10/01/2013**

Treasurer Name: **Barbara Fuller**

Address: **Post Office Box 153**

Address2:

City: **Wichita** State: **KS** Zip: **67201**

Home Telephone: **(316) 684-1935** Business Phone: Cell Phone:

Email Address: **utwbarb@cox.net**

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:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

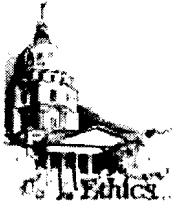
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **10/9/2013 3:48:14 PM** Signature of Candidate: **Barbara Fuller**

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Candidate Candidate Name: **Jean K Schodorf**
Address: **3039 Benjamin Ct.**
Address2:
City: **Wichita** Zip: **67204**
Home Phone: **(316) 259-0912** Business Phone: Cell Phone: **(316) 259-0912**
County: **Sedgwick** Email Address: **jschodorf@aol.com**
Office Sought: **Secretary of State** District No.:

Treasurer Date Appointed: **10/01/2013**
Treasurer Name: **Barbara Fuller**
Address: **6900 E. Zimmerly**
Address2:
City: **Wichita** State: **KS** Zip: **67207**
Home Telephone: **(316) 684-1935** Business Phone: Cell Phone:
Email Address: **utwbarb@cox.net**

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:
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: **10/1/2013 4:08:08 PM** Signature of Candidate: **Jean Kurtis Schodorf**

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