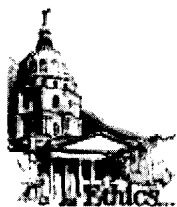


[Print](#) this form or [Go Back](#)



**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: **Nicholas M Schrieber**
Address: **140 Harmony Crest Dr.**
Address2:
City: **Newark** Zip: **19713**
Home Phone: Business Phone: Cell Phone: **(240) 566-2256**
County: Email Address: **nicholas.schrieber1@gmail.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **02/15/2018**
Treasurer Name: **Ari August**
Address: **2 Black Duck Reach**
Address2:
City: **Rehoboth Beach** State: **DE** Zip: **19971**
Home Telephone: Business Phone: Cell Phone: **(302) 858-6790**
Email Address: **arihaugust@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: **2/15/2018 10:13:15 AM** Signature of Candidate: **Nicholas Schrieber**

[Print](#) this form or [Go Back](#)