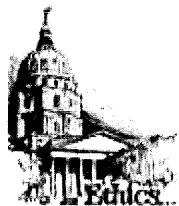


Print this form or Go Back



**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: **Scott J Schwab**

Address: **12711 W 160th Terrace**

Address2:

City: **Overland Park** Zip: **66221**

Home Phone: Business Phone: Cell Phone: **(913) 302-7916**

County: Email Address: **schwab@scottschwab.com**

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

Treasurer Date Appointed: **03/05/2022**

Treasurer Name: **Matthew Goddard**

Address: **5606 SW Mission Ave**

Address2:

City: **Topeka** State: **KS** Zip: **66610**

Home Telephone: Business Phone: Cell Phone:

Email Address: **scott@scottschwab.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: **3/5/2022 9:52:50 PM** Signature of Candidate: **Scott J Schwab**

S

[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: **Scott J Schwab**

Address: **12711 W 160th Terrace**

Address2:

City: **Overland Park** Zip: **66221**

Home Phone: Business Phone: Cell Phone: **(913) 302-7916**

County: Email Address: **schwab@scottschwab.com**

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

Treasurer Date Appointed: **08/21/2017**

Treasurer Name: **Debra Edler**

Address: **12832 Gillette Street**

Address2:

City: **Overland Park** State: **KS** Zip: **66213**

Home Telephone: Business Phone: Cell Phone:

Email Address: **schwab@scottschwab.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:

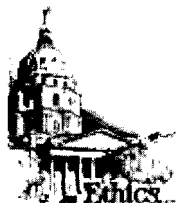
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **12/18/2020 10:49:22 AM** Signature of Candidate: **Scott J. Schwab**

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

[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: **Scott J Schwab**
Address: **14953 W 140th Terrace**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 302-7916**
County: Email Address: **schwab@scottschwab.com**
Office Sought: **Secretary of State** District No.:

Treasurer Date Appointed: **08/21/2017**
Treasurer Name: **Debra Edler**
Address: **12832 Gillette Street**
Address2:
City: **Overland Park** State: **KS** Zip: **66213**
Home Telephone: Business Phone: Cell Phone:
Email Address: **schwab@scottschwab.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: **8/21/2017 1:33:47 PM** Signature of Candidate: **Scott J. Schwab**

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