

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: **Stacy Rogers**
Address: **126 S Coach House Rd**
Address2:
City: **Wichita** Zip: **67235**
Home Phone: **(316) 308-0774** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **Stacyrogersconsulting@gmail.com**
Office Sought: **Governor** District No.: **4**

Treasurer

Date Appointed: **09/18/2024**
Treasurer Name: **Archie Macias**
Address: **7615 E champions Ct**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Home Telephone: **(316) 651-7933** Business Phone: Cell Phone:
Email Address: **archie@maciastaxservice.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: **9/18/2024 12:36:13 PM** Signature of Candidate: **Stacy Rogers**

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: **Stacy Rogers**

Address: **126 S Coach House Rd**

Address2:

City: **Wichita** Zip: **67235**

Home Phone: **(316) 308-0774** Business Phone: Cell Phone:

County: **Sedgwick** Email Address: **Stacyrogersconsulting@gmail.com**

Office Sought: **Governor** District No.: **4**

Treasurer

Date Appointed: **08/21/2024**

Treasurer Name: **Joyce Chrisman**

Address: **12014 E Mainsgate**

Address2:

City: **Wichita** State: **KS** Zip: **67226**

Home Telephone: **(316) 300-3254** Business Phone: Cell Phone:

Email Address: **Chrismanlori@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: **8/28/2024 8:40:12 PM** Signature of Candidate: **Stacy Rogers**