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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: **Bill Rhiley**
Address: **403 S West Road**
Address2:
City: **Wellington** Zip: **67152**
Home Phone: **(316) 258-1011** Business Phone: Cell Phone:
County: Email Address: **rhileyforkansas@gmail.com**
Office Sought: **State Representative** District No.: **80**

Treasurer

Date Appointed: **01/17/2018**
Treasurer Name: **Steve Abrams**
Address: **25117 31st Road**
Address2:
City: **Arkansas City** State: **KS** Zip: **67005**
Home Telephone: **(620) 441-3269** Business Phone: Cell Phone:
Email Address: **seadocks@protonmail.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: **10/28/2024 2:27:02 PM** Signature of Candidate: **Bill Rhiley**

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Home Phone: **(316) 258-1011** Business Phone: Cell Phone:
County: Email Address: **rhileyforkansas@gmail.com**
Office Sought: **State Representative** District No.: **80**

Treasurer Date Appointed: **01/17/2018**
Treasurer Name: **Steve Abrams**
Address: **6964 252nd Road**
Address2:
City: **Arkansas City** State: **KS** Zip: **67005**
Home Telephone: **(620) 442-7960** Business Phone: Cell Phone:
Email Address: **sabrams@hit.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:
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: **7/25/2022 4:02:24 PM** Signature of Candidate: **Bill Rhiley**