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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: **Mike Warner**
Address: **309 Shannon Ct.**
Address2:
City: **Lawrence** Zip: **66049**
Home Phone: **(785) 764-5113** Business Phone: Cell Phone: **(785) 764-5113**
County: **Douglas** Email Address: **kmwarn@aol.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer

Date Appointed: **05/28/2024**
Treasurer Name: **Jeanne Warner**
Address: **309 Shannon Ct.**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: **(816) 332-9022** Business Phone: Cell Phone: **(816) 332-9022**
Email Address: **jsgoslin@icloud.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: **6/19/2024 7:35:00 AM** Signature of Candidate: **Mike Warner**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR ^{State} ~~LOCAL~~ OFFICE**

RECEIVED
MAY 28 2024
SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

Name <u>KENNETH MICHAEL (MIKE) WARNER</u>			
Mailing Address <u>309 Shannon Court</u>			
City <u>LAWRENCE</u>	County <u>Douglas</u>	Zip Code <u>66049</u>	
Telephone <u>785-764-5113</u>	Email <u>KWARNER@aol.com</u>		
Office Sought <u>Douglas County District Attorney</u>	District No. <u>7</u>		

TREASURER

Date Appointed <u>MAY 28, 2024</u>			
Name <u>JEANNE SCHAEFFER WARNER</u>			
Mailing Address <u>309 Shannon Court</u>			
City <u>LAWRENCE</u>	Zip Code <u>66049</u>		
Telephone <u>816-332-9022</u>	Email <u>JSGOSLIN@icloud.com</u>		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City			Zip Code
Telephone	Email		
Treasurer's Name			
Mailing Address			
City			Zip Code
Telephone	Email		

SIGNATURE

"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."

5/28/24
(Date)

K. Warner
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS