

[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: **Joshua D Luttrell**

Address: **1419 SW COLLEGE AVE**

Address2:

City: **Topeka** Zip: **66604**

Home Phone: **(785) 608-4303** Business Phone: Cell Phone: **(785) 608-4303**

County: **Shawnee** Email Address: **joshdluttrell@gmail.com**

Office Sought: **District Attorney** District No.: **3**

Treasurer Date Appointed: **05/24/2022**

Treasurer Name: **Lucas Ryan**

Address: **1635 SW Campbell Ave**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 640-7991** Business Phone: Cell Phone: **(785) 640-7991**

Email Address: **lucaszryan@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: **5/24/2022 12:41:27 PM** Signature of Candidate: **Joshua D. Luttrell**

[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: **Joshua D Luttrell**

Address: **1419 SW COLLEGE AVE**

Address2:

City: **Topeka** Zip: **66604**

Home Phone: **(785) 608-4303** Business Phone: Cell Phone: **(785) 608-4303**

County: **Shawnee** Email Address: **joshdluttrell@gmail.com**

Office Sought: **District Attorney** District No.: **3**

Treasurer Date Appointed: **05/21/2020**

Treasurer Name: **Carmen Anello**

Address: **1419 SW COLLEGE AVE**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 608-4303** Business Phone: Cell Phone: **(541) 977-2012**

Email Address: **bradnello@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: **7/27/2020 4:26:09 PM** Signature of Candidate: **Joshua Luttrell**

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