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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: **Kiel D Corkran**
Address: **5943 BUENA VISTA ST**
Address2:
City: **Fairway** Zip: **66205**
Home Phone: **(816) 516-5957** Business Phone: Cell Phone:
County: **Johnson** Email Address: **kcbch@umsystem.edu**
Office Sought: **State Board of Education** District No.: **2**

Treasurer

Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Committee

Date Appointed: **08/05/2024**
Chairperson's Name: **Kiel Corkran**
Address: **5943 BUENA VISTA ST**
Address2:
City: **Fairway** State: **KS** Zip: **66205**
Home Telephone: **(816) 516-5957** Business Phone: Cell Phone:
Email Address: **kcbch@umsystem.edu**

Date Appointed: **08/05/2024**
Treasurer's Name: **Kiel Corkran**
Address: **5943 BUENA VISTA ST**
Address2:
City: **Fairway** State: **KS** Zip: **66205**
Home Telephone: **(816) 516-5957** Business Phone: Cell Phone:

Email Address: **kcbch@umsystem.edu**

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: **8/5/2024 8:20:21 PM** Signature of Candidate: **Kiel Corkran**