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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate

Candidate Name: **John L Carmichael**
Address: **1475 N. Lieunett Street**
Address2:
City: **Wicita** Zip: **67203**
Home Phone: **(316) 262-8183** Business Phone: **(316) 264-3300** Cell Phone: **(316) 250-0969**
County: **Sedgwick** Email Address: **john@fcse.net**
Office Sought: **State Representative** District No.: **92**

Treasurer

Date Appointed: **08/15/2013**
Treasurer Name: **Scott Poor**
Address: **153 N Parkwood Ln**
Address2:
City: **Wichita** State: **KS** Zip: **67208-0000**
Home Telephone: Business Phone: **(316) 267-2315** Cell Phone:
Email Address: **scott@scottpoor.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:
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: **8/15/2013 11:31:15 AM** Signature of Candidate: **John L Carmichael**

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