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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](http://www.kansas.gov/ethics)

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

**Candidate**

Candidate Name: **John C Wilson**  
Address: **1923 Ohio Street**  
Address2:  
City: **Lawrence** Zip: **66046**  
Home Phone: **(785) 218-7288** Business Phone: **(785) 218-7288** Cell Phone: **(785) 218-7288**  
County: **Douglas** Email Address: **wilsonforkansas@gmail.com**  
Office Sought: **State Representative** District No.: **10**

**Treasurer**

Date Appointed: **06/29/2012**  
Treasurer Name: **Linda Cottin**  
Address: **2244 Vermont Street**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: **(785) 842-4665** Business Phone: **(785) 843-2981** Cell Phone:  
Email Address: **cottins@sunflower.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: **7/29/2012 10:18:53 AM** Signature of Candidate: **John C. Wilson**

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