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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: **Linda Johnson**  
Address: **2800 Maple Ave.**  
Address2:  
City: **Leavenworth** Zip: **66048**  
Home Phone: **(913) 991-7958** Business Phone: Cell Phone: **(202) 445-1478**  
County: **Leavenworth** Email Address: **swlkj1@gmail.com**  
Office Sought: **State Representative** District No.: **40**

**Treasurer**

Date Appointed: **06/14/2012**  
Treasurer Name: **Carl Johnson**  
Address: **2800 Maple Ave.**  
Address2:  
City: **Leawvenworth** State: **KS** Zip: **66048**  
Home Telephone: **(913) 991-7942** Business Phone: Cell Phone:  
Email Address: **ceclj1@gmail.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: **6/14/2012 12:51:40 PM** Signature of Candidate: **Linda Johnson**

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