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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 H Wilson**

Address: **15911 W 127th St**

Address2: **Apt. 5105**

City: **Olathe** Zip: **66062-5120**

Home Phone: **(913) 680-5254** Business Phone: **(913) 680-5254** Cell Phone: **(913) 680-5254**

County: **Johnson** Email Address: **wilsonjhoward@hotmail.com**

Office Sought: **State Representative** District No.: **0049**

Treasurer Date Appointed: **12/30/2013**

Treasurer Name: **John Wilson**

Address: **15911 W 127th St**

Address2: **Apt 5105**

City: **Olathe** State: **KS** Zip: **66062-5120**

Home Telephone: **(913) 680-5254** Business Phone: **(913) 680-5254** Cell Phone: **(913) 680-5254**

Email Address: **wilsonjhoward@hotmail.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:

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: **12/30/2013 11:48:57 AM** Signature of Candidate: **John H. Wilson**

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**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**



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

CANDIDATE (Please Type or Print)

Name John Wilson		
Street 15911 W. 127th Street, Apt.5105		
City Olathe	County Johnson	Zip Code 66062913
Home Telephone 913-680-5254	Business Telephone 913-680-5254 Kansas Representa	
Office Sought Kansas Representative	District No. 0049	

TREASURER

Date Appointed March 25. 2012		
Name Michael Albers		
Address 12416 S. Mullen Circle		
City Olathe	Zip Code 66062	
Home Telephone 913-904-6949	Business Telephone 913-904-6949	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

SIGNATURE

"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."

03-25-2012

(Date)

John Wilson

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS