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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 Gallagher**  
Address: **7804 Monrovia St.**  
Address2:  
City: **Lenexa** Zip: **66216-3328**  
Home Phone: **(913) 631-3512** Business Phone: Cell Phone: **(816) 830-1165**  
County: **Johnson** Email Address: **[linda@lindagallagher.org](mailto:linda@lindagallagher.org)**  
Office Sought: **State Representative** District No.: **23**

**Treasurer** Date Appointed: **04/25/2014**  
Treasurer Name: **Ida Thompson**  
Address: **10615 W. 70th Terr.**  
Address2:  
City: **Shawnee Mission** State: **KS** Zip: **66203-4123**  
Home Telephone: **(913) 268-9856** Business Phone: Cell Phone: **(816) 809-1240**  
Email Address: **[joycthompson@hotmail.com](mailto:joycthompson@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: **7/27/2014 5:24:03 PM** Signature of Candidate: **Linda Gallagher**

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