

[Print this form](#) or [Go Back](#)



**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: **Larry L Campbell**
Address: **15954 S. Mur-Len**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 488-7278**
County: **Johnson** Email Address: **larry@votecampbell.net**
Office Sought: **State Representative** District No.: **26**

Treasurer Date Appointed: **07/22/2012**
Treasurer Name: **Linda S Darrell**
Address: **7614 Long Street**
Address2:
City: **Lenexa** State: **KS** Zip: **66216**
Home Telephone: Business Phone: Cell Phone: **(913) 787-1003**
Email Address: **linda@votecampbell.net**

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:
Address:
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: **10/30/2016 9:20:56 PM** Signature of Candidate: **Larry L. Campbell**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

**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: **Larry L Campbell**
Address: **15803 S. Avalon Street**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 488-7278**
County: **Johnson** Email Address: **larry@votecampbell.net**
Office Sought: **State Representative** District No.: **26**

Treasurer

Date Appointed: **07/22/2012**
Treasurer Name: **Linda Darrell**
Address: **7614 Long Street**
Address2:
City: **Lenexa** State: **KS** Zip: **66216**
Home Telephone: Business Phone: Cell Phone: **(913) 787-1003**
Email Address: **linda@votecampbell.net**

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: **10/29/2012 9:37:59 AM** Signature of Candidate: **Larry L. Campbell**

[Print this form](#) or [Go Back](#)