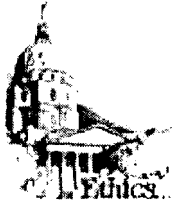


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Angeliina Lawson**
Address: **7029 Round Prairie**
Address2:
City: **Shawnee** Zip: **66226**
Home Phone: Business Phone: **(913) 735-5339** Cell Phone:
County: **Johnson** Email Address: **lawsonforkansas@gmail.com**
Office Sought: **State Representative** District No.: **39**

Treasurer Date Appointed: **05/30/2016**
Treasurer Name: **Sara McAllister**
Address: **11700 W 48th Ter**
Address2:
City: **shawnee** State: **KS** Zip: **66203**
Home Telephone: Business Phone: Cell Phone: **(913) 268-2987**
Email Address: **mcgro@msn.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:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

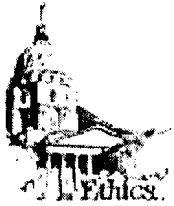
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **6/1/2016 5:38:51 PM** Signature of Candidate: **Angeliina Lawson**

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Angeliina Lawson**
Address: **7029 Round Prairie**
Address2:
City: **Shawnee** Zip: **66226**
Home Phone: Business Phone: **(913) 735-5339** Cell Phone:
County: **Johnson** Email Address: **lawsonforkansas@gmail.com**
Office Sought: **State Representative** District No.: **39**

Treasurer Date Appointed: **05/30/2016**
Treasurer Name: **Sarah McAllister**
Address: **11700 W 48th Ter**
Address2:
City: **shawnee** State: **KS** Zip: **66203**
Home Telephone: Business Phone: Cell Phone: **(913) 268-2987**
Email Address: **mcgro@msn.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:
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: **5/30/2016 10:15:19 PM** Signature of Candidate: **Angeliina Lawson**

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