

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM**

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JAN 06 2017

This is an (Check one) Initial Appointment Amended Statement **KS Governmental Ethics Commission**
(Please Type or Print)

CANDIDATE

Name	John L. Carmichael	
Street	1475 N. Lieunett St.	
City	Wichita	County Sedgwick Zip Code 67203
Home Telephone	316 262 8183	Business Telephone 785 296 7650
Office Sought	Kansas House of Representatives District No. 92	

TREASURER

Date Appointed	January 6, 2017	
Name	Margaret Mathewson	
Address	1131 W. River Blvd.	
City	Wichita	Zip Code 67203
Home Telephone	316 264 3443	Business Telephone 316 264 3443

OR CANDIDATE COMMITTEE

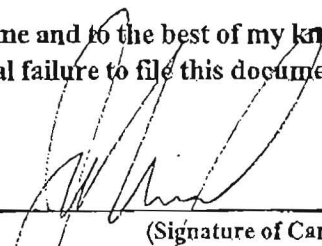
Date Appointed		
Chairperson's Name		
Address		
City		Zip Code
Home Telephone		Business Telephone
Treasurer's Name		
Address		
City		Zip Code
Home Telephone		Business Telephone

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."

1/6/2017

(Date)



(Signature of Candidate)

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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 L Carmichael**
Address: **1475 N. Lieunett Street**
Address2:
City: **Wicita** Zip: **67203**
Home Phone: **(316) 262-8183** Business Phone: **(316) 264-3300** Cell Phone: **(316) 250-0969**
County: **Sedgwick** Email Address: **john@fcse.net**
Office Sought: **State Representative** District No.: **92**

Treasurer

Date Appointed: **08/15/2013**
Treasurer Name: **Scott Poor**
Address: **153 N Parkwood Ln**
Address2:
City: **Wichita** State: **KS** Zip: **67208-0000**
Home Telephone: Business Phone: **(316) 267-2315** Cell Phone:
Email Address: **scott@scottpoor.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: **8/15/2013 11:31:15 AM** Signature of Candidate: **John L Carmichael**

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