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

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

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

Candidate Candidate Name: **John Lowrance**
Address: **119 S. 12th Street**
Address2:
City: **Independence** Zip: **67301**
Home Phone: **(316) 305-2309** Business Phone: Cell Phone:
County: Email Address: **TogetherWeCan2018@yahoo.com**
Office Sought: **State Representative** District No.: **11**

Treasurer Date Appointed: **05/31/2018**
Treasurer Name: **John Lowrance**
Address: **119 S. 12th Street**
Address2:
City: **Independence** State: **KS** Zip: **67301**
Home Telephone: Business Phone: Cell Phone:
Email Address: **TogetherWeCan2018@yahoo.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: **7/30/2018 11:10:42 AM** Signature of Candidate: **John Lowrance**

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APPOINTMENT OF
 TREASURER OR CANDIDATE COMMITTEE FORM MAY 31 2018
 FOR CANDIDATE FOR ~~LOCAL~~ ^{State} OFFICE

FILED
 MAY 31 2018
 KRIS W. KOBACH
 SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement
 (Please Type or Print)

CANDIDATE

Name <u>John Lowrance</u>	
Street <u>119 S. 12th St</u>	
City <u>Independence</u>	County <u>Montgomery</u> Zip Code <u>67301</u>
Home Telephone <u>(316) 305-2309</u>	Business Telephone
Office Sought <u>Kansas State Representative</u>	District No. <u>11</u>

TREASURER

Date Appointed <u>5-30-2018</u>	
Name <u>John Lowrance</u>	
Address <u>119 S. 12th St</u>	
City <u>Independence, KS</u>	Zip Code <u>67301</u>
Home Telephone <u>(316) 305-2309</u>	Business Telephone

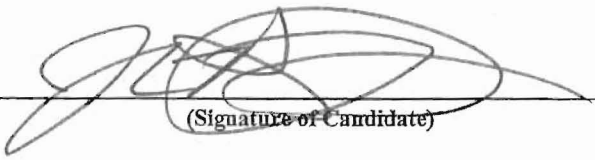
OR CANDIDATE COMMITTEE

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."

5-30-2018
 (Date)


 (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS