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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: **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**
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**

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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