

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



**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](http://ethics.kansas.gov)

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

**Candidate** Candidate Name: **Megan Lynn**  
Address: **PO Box 3055**  
Address2:  
City: **Olathe** Zip: **66063**  
Home Phone: **(913) 706-8026** Business Phone: Cell Phone:  
County: Email Address: **meganlynnforkansas@gmail.com**  
Office Sought: **State Representative** District No.: **49**

**Treasurer** Date Appointed: **06/09/2018**  
Treasurer Name: **Stephanie James**  
Address: **13924 W 139th Terr**  
Address2:  
City: **Olathe** State: **KS** Zip: **66062**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **srjames800@gmail.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: **7/19/2018 10:20:00 PM** Signature of Candidate: **Megan Lynn**

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

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM**  
**FOR CANDIDATE FOR STATE OFFICE**

MAY 31 2018

KRIS W. KOBACH  
SECRETARY OF STATE

This is an (Check one)



Initial Appointment



Amended Statement

**CANDIDATE**

(Please Type or Print)

|   |                        |                       |
|---|------------------------|-----------------------|
| Name <u>Megan Lynn</u>                    |                        |                       |
| Street <u>14430 W 139<sup>th</sup> Pl</u> |                        |                       |
| City <u>Olathe</u>                        | County <u>Johnson</u>  | Zip Code <u>66062</u> |
| Home Telephone <u>913.706.0000</u>        | Business Telephone     |                       |
| Office Sought <u>KS State Rep</u>         | District No. <u>49</u> |                       |

**TREASURER**

|   |                       |  |
|---|-----------------------|--|
| Date Appointed <u>5/30/18</u>               |                       |  |
| Name <u>Stephanie James</u>                 |                       |  |
| Address <u>13924 W 139<sup>th</sup> Ter</u> |                       |  |
| City <u>Olathe, KS</u>                      | Zip Code <u>66062</u> |  |
| Home Telephone <u>913.706.8026</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."

5/30/18  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS