

[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

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

Candidate Candidate Name: **Michael S Bolton**
Address: **5128 Hilltop Court**
Address2:
City: **Shawnee** Zip: **66226**
Home Phone: **(913) 441-5323** Business Phone: Cell Phone: **(913) 579-6628**
County: **Johnson** Email Address: **MSPBOLTON@aol.com**
Office Sought: **State Representative** District No.: **39**

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Committee Date Appointed: **09/18/2018**
Chairperson's Name: **Michael Bolton**
Address: **5128 Hilltop Court**
Address2:
City: **Shawnee** State: **KS** Zip: **66226**
Home Telephone: **(913) 441-5323** Business Phone: Cell Phone: **(913) 579-6628**
Email Address: **MSPBOLTON@aol.com**

Date Appointed: **09/18/2018**
Treasurer's Name: **Michael Bolton**
Address: **5128 Hilltop Court**
Address2:
City: **Shawnee** State: **KS** Zip: **66226**
Home Telephone: **(913) 344-1532** Business Phone: Cell Phone: **(913) 579-6628**
Email Address: **MSPBOLTON@aol.com**

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: **9/18/2018 2:02:39 PM** Signature of Candidate: **Michael S. Bolton**

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