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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: **Derek A Milligan**
Address: **1508 N Shefford St**
Address2:
City: **Wichita** Zip: **67212**
Home Phone: **(405) 620-3620** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **derekam42@gmail.com**
Office Sought: **State Representative** District No.: **94**

Treasurer Date Appointed: **06/02/2020**
Treasurer Name: **Sarah Crick Milligan**
Address: **1508 N Shefford St**
Address2: **1508 N Shefford St**
City: **Wichita** State: **KS** Zip: **67212**
Home Telephone: **(785) 410-8362** Business Phone: Cell Phone:
Email Address: **skcmilligan@outlook.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: **6/2/2020 2:53:45 PM** Signature of Candidate: **Sarah Crick Milligan**

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