

[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: **Mike Walker**
Address: **5226 S Mt Carmel**
Address2:
City: **Wichita** Zip: **67217**
Home Phone: **(316) 259-2565** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **MCWALKER5226@ATT.NET**
Office Sought: **State Representative** District No.: **97**

Treasurer Date Appointed: **05/01/2018**
Treasurer Name: **Cheryl Walker**
Address: **5226 S Mt Carmel**
Address2:
City: **Wichita** State: **KS** Zip: **67217**
Home Telephone: Business Phone: Cell Phone: **(316) 258-7835**
Email Address: **mcwalker5226@att.net**

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: **6/22/2020 11:06:22 AM** Signature of Candidate: **Michael E. Walker**

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