

[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: **TIMOTHY H JOHNSON**  
Address: **14135 Mitchell Court**  
Address2: **Apt A**  
City: **BASEHOR** Zip: **66007**  
Home Phone: **(913) 728-2024** Business Phone: Cell Phone: **(913) 617-0426**  
County: **Leavenworth** Email Address: **TIMOTHY.JOHNSON@HOUSE.KS.GOV**  
Office Sought: **State Representative** District No.: **38**

**Treasurer** Date Appointed: **03/07/2020**  
Treasurer Name: **Catherine Johnson**  
Address: **15958 151st Street**  
Address2:  
City: **Bonner Springs** State: **KS** Zip: **66012**  
Home Telephone: **(913) 728-2024** Business Phone: Cell Phone: **(913) 238-5161**  
Email Address: **csmit143@live.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: **4/13/2022 9:26:08 AM** Signature of Candidate: **TIMOTHY HOWARD JOHNSON**

[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: **Timothy H Johnson**  
Address: **15958 151st Street**  
Address2:  
City: **Bonner Springs** Zip: **66012**  
Home Phone: **(913) 728-2024** Business Phone: Cell Phone:  
County: **Leavenworth** Email Address: **timjohnson@sunflower.com**  
Office Sought: **State Representative** District No.: **38**

**Treasurer** Date Appointed: **03/07/2020**  
Treasurer Name: **Catherine Johnson**  
Address: **15958 151st Street**  
Address2:  
City: **Bonner Springs** State: **KS** Zip: **66012**  
Home Telephone: **(913) 728-2024** Business Phone: Cell Phone: **(913) 238-5161**  
Email Address: **csmit143@live.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: **3/9/2020 11:52:14 AM** Signature of Candidate: **Timothy H. Johnson**

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