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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: **Darrell D McCune**

Address: **1428 S Olive ST**

Address2:

City: **Ottawa** Zip: **66067**

Home Phone: **(785) 242-5385** Business Phone: **(785) 521-3060** Cell Phone: **(785) 229-9638**

County: **Franklin** Email Address: **darrellmccune@gmail.com**

Office Sought: **State Representative** District No.: **59**

**Treasurer** Date Appointed: **06/11/2022**

Treasurer Name: **Lynda Alderman**

Address: **2010 Osborne Ter.**

Address2:

City: **Ottawa** State: **KS** Zip: **66067**

Home Telephone: Business Phone: Cell Phone: **(785) 418-7400**

Email Address: **aldermanlynda@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: **6/14/2022 9:53:49 AM** Signature of Candidate: **Darrell D. McCune**