

APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE

RECEIVED

MAR 22 2022

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

KS Governmental Ethics Commission

CANDIDATE

Name Sydney Carlin		
Mailing Address 1650 Sunny Slope Lane		
City Manhattan	County Riley	Zip Code 66502
Telephone 785 341 7455	Email sydcar44@gmail.com	
Office Sought State Representative		District No. 66

TREASURER

Date Appointed March 1, 2022		
Name Julia Clark		
Mailing Address 3008 Cindella Drive		
City Manhattan	Zip Code 66502	
Telephone 785-564-1027	Email juliaannclark@live.com	

OR CANDIDATE COMMITTEE

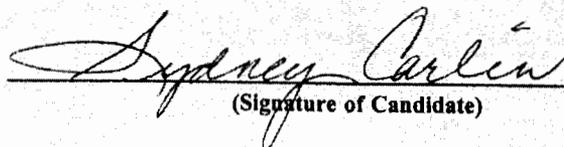
Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

SIGNATURE

"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."

3/21/2022

(Date)



(Signature of Candidate)

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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: **Sydney Carlin**
Address: **1650 Sunnyslope Lane**
Address2:
City: **Manhattan** Zip: **66502**
Home Phone: **(785) 539-6612** Business Phone: Cell Phone:
County: **Riley** Email Address: **sydcar44@gmail.com**
Office Sought: **State Representative** District No.: **66**

Treasurer Date Appointed: **01/01/2019**
Treasurer Name: **Edwin Olson**
Address: **3005 Saint Anthony Pl.**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Home Telephone: **(785) 539-5707** Business Phone: Cell Phone: **(785) 477-4679**
Email Address: **egokbo36@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: **7/21/2020 4:53:11 PM** Signature of Candidate: **Sydney Carlin**

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