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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: **Avery C Anderson**

Address: **P.O. Box 305**

Address2:

City: **Newton** Zip: **67114**

Home Phone: **(316) 288-3983** Business Phone: **(316) 217-1108** Cell Phone: **(316) 217-1108**

County: **Harvey** Email Address: **andersonforks@icloud.com**

Office Sought: **State Representative** District No.: **72**

**Treasurer** Date Appointed: **06/01/2020**

Treasurer Name: **Mark Boston**

Address: **517 Stone Creek Court**

Address2:

City: **Newton** State: **KS** Zip: **67114**

Home Telephone: Business Phone: Cell Phone:

Email Address: **mboston@bostoninsurance.kscoxmail.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: **1/7/2022 11:16:17 AM** Signature of Candidate: **Avery C. Anderson**

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**Candidate** Candidate Name: **Avery C Anderson**  
Address: **8 Circle Drive**  
Address2:  
City: **Newton** Zip: **67114**  
Home Phone: **(316) 288-3983** Business Phone: **(316) 217-1108** Cell Phone: **(316) 217-1108**  
County: **Harvey** Email Address: **andersonforks@icloud.com**  
Office Sought: **State Representative** District No.: **72**

**Treasurer** Date Appointed: **06/01/2020**  
Treasurer Name: **Mark Boston**  
Address: **517 Stone Creek Court**  
Address2:  
City: **Newton** State: **KS** Zip: **67114**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **mboston@bostoninsurance.kscoxmail.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: **7/27/2020 10:28:45 AM** Signature of Candidate: **Avery C Anderson**

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