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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: **Lauren N Bohi**

Address: **1600 E College Way**

Address2:

City: **Olathe** Zip: **66062**

Home Phone: **(913) 568-6727** Business Phone: Cell Phone:

County: **Johnson** Email Address: **laurennicole_15@proton.me**

Office Sought: **State Representative** District No.: **15**

Treasurer

Date Appointed: **05/27/2024**

Treasurer Name: **Stephanie James**

Address: **13924 W 139th Terrace**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: Business Phone: Cell Phone: **(913) 706-8026**

Email Address: **srjames800@gmail.com**

**Candidate
Committee**

Date Appointed:

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: **7/22/2024 2:23:20 PM** Signature of Candidate: **Lauren N Bohi**

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

RECEIVED

MAY 30 2024

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

KS Governmental Ethics Commission

Name <u>Lauren N Bohi</u>			
Mailing Address <u>1600 E College Way</u>			
City <u>Olathe</u>	County <u>Johnson</u>	Zip Code <u>66062</u>	
Telephone <u>(913) 208-1165</u>	Email <u>laurennicole-15@proton.me</u>		
Office Sought <u>House District 15 Representative</u>	District No. <u>15</u>		

TREASURER

Date Appointed <u>May 27, 2024</u>			
Name <u>Stephanie James</u>			
Mailing Address <u>13924 W 139th Terr</u>			
City <u>Olathe</u>	Zip Code <u>66062</u>		
Telephone <u>(913) 706-8026</u>	Email <u>srxjames300@gmail.com</u>		

OR CANDIDATE COMMITTEE

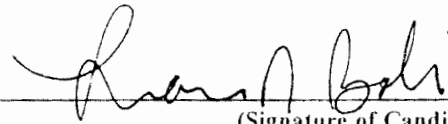
Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

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."

5/30/2024

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS