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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: **Carl Turner**  
Address: **13001 El Monte St**  
Address2:  
City: **Leawood** Zip: **66209**  
Home Phone: Business Phone: Cell Phone: **(816) 896-8929**  
County: **Johnson** Email Address: **carlturnerforkansas@gmail.com**  
Office Sought: **State Representative** District No.: **28**

**Treasurer** Date Appointed: **03/30/2020**  
Treasurer Name: **Samuel McLaury**  
Address: **12804 Outlook Dr**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66209**  
Home Telephone: Business Phone: Cell Phone: **(913) 206-6990**  
Email Address: **mclauryst@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: **8/5/2020 1:37:40 PM** Signature of Candidate: **Carl Turner**

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