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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: **Kyle E McNorton**
Address: **1534 NE 39th St**
Address2:
City: **Topeka** Zip: **66617**
Home Phone: **(785) 633-1492** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **kyle.e.mcnorton@gmail.com**
Office Sought: **State Representative** District No.: **50**

Treasurer
Date Appointed: **10/27/2023**
Treasurer Name: **Kip McNorton**
Address: **4135 NE Croco Rd**
Address2:
City: **Topeka** State: **KS** Zip: **66617**
Home Telephone: Business Phone: Cell Phone: **(785) 249-3703**
Email Address: **kipmcnorton@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: **10/29/2023 1:51:04 PM** Signature of Candidate: **Kyle E McNorton**

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

OCT 27 2023
SCOTT SCHWAB
SECRETARY OF STATE

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

CANDIDATE

Name	KYLE MCMORTON		
Mailing Address	1534 N.E. 39 TH ST		
City	TOPEKA	County	SHAWNEE Zip Code 66617
Telephone	785-633-1492	Email	Kyle.e.mcmorton@gmail.com
Office Sought	REPRESENTATIVE	District No.	50

TREASURER

Date Appointed	10/18/2023		
Name	KIP MCMORTON		
Mailing Address	4135 NE CROCO RD		
City	TOPEKA	Zip Code	66617
Telephone	785-249-3703	Email	KipandE@cox.net

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."

10/26/2023
(Date)

Kyle Mc Morton
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS