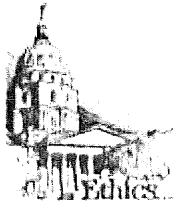


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Will W Spencer**  
Address: **1511 W 6th Ave**  
Address2:  
City: **Emporia** Zip: **66801**  
Home Phone:    Business Phone:    Cell Phone: **(620) 794-6794**  
County: **Lyon**    Email Address: **willspencerksrep@yahoo.com**  
Office Sought: **State Representative** District No.: **60**

**Treasurer**

Date Appointed: **06/04/2024**  
Treasurer Name: **Carol Spencer**  
Address: **1511 W 6th Ave**  
Address2:  
City: **Emporia** State: **KS** Zip: **66801**  
Home Telephone:    Business Phone: **(620) 342-3166** Cell Phone: **(620) 341-3622**  
Email Address: **nphealthfood@yahoo.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: **6/20/2024 11:59:27 AM**    Signature of Candidate: **Will W Spencer**