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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Candidate

Candidate Name: **Lisa Johnston**
Address: **12725 W 126th St**
Address2:
City: **Overland Park** Zip: **66213**
Home Phone: **(913) 662-1457** Business Phone: Cell Phone:
County: **Johnson** Email Address: **lisa@lisaforkansas.com**
Office Sought: **State Senator** District No.: **8**

Treasurer

Date Appointed: **06/08/2012**
Treasurer Name: **Kyle Johnston**
Address: **12725 W 126th St**
Address2:
City: **Overland Park** State: **KS** Zip: **66213**
Home Telephone: **(913) 738-4080** Business Phone: Cell Phone:
Email Address: **kyle@lisaforkansas.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:
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: **7/24/2012 7:34:13 PM** Signature of Candidate: **Lisa Johnston**

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APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

Name	Dr. Lisa Johnston	
Street	12725 W. 126th St.	
City	Overland Park	County Johnson Zip Code 66213
Home Telephone	913-707-8698	Business Telephone 913-662-1457
Office Sought	Kansas Senate District No. 8	

TREASURER

Date Appointed	6/8/12	
Name	Kyle Johnston	
Address	12725 W. 126th St.	
City	Overland Park	Zip Code 66213
Home Telephone	913-707-8698	Business Telephone

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City		Zip Code
Home Telephone		Business Telephone
Treasurer's Name		
Address		
City		Zip Code
Home Telephone		Business Telephone

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."

6/8/12

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS