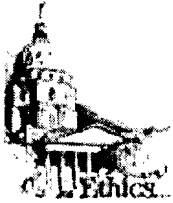


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Lori Graham**
Address: **2649 N Keith Ct**
Address2:
City: **Wichita** Zip: **67205**
Home Phone: **(316) 655-2394** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **lori@graham4ks.com**
Office Sought: **State Senator** District No.: **27**

Treasurer Date Appointed: **11/18/2015**
Treasurer Name: **Jill Craven**
Address: **9128 W Delano**
Address2:
City: **Wichita** State: **KS** Zip: **67212**
Home Telephone: **(316) 209-1432** Business Phone: Cell Phone:
Email Address: **jill@graham4ks.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:
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: **11/23/2015 12:41:59 PM** Signature of Candidate: **Lori Graham**

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