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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: **Laura McConwell**

Address: **6507 Dearborn Dr**

Address2:

City: **Mission** Zip: **66202**

Home Phone: Business Phone: (913) 262-0605 Cell Phone: (913) 387-7670

County: **Johnson** Email Address: laura@mcconwell.com

Office Sought: **State Senator** District No.: **7**

Treasurer Date Appointed:

Treasurer Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Candidate Date Appointed: **07/23/2020**

Committee Chairperson's Name: **Terrie Huntington**

Address: **6264 Glenfield Drive**

Address2:

City: **Fairway** State: **KS** Zip: **66205**

Home Telephone: (913) 558-3170 Business Phone: (913) 558-3170 Cell Phone: (913) 558-3170

Email Address: terriehuntington@gmail.com

Date Appointed: **07/23/2020**

Treasurer's Name: **Leslie Foiles**

Address: **9600 Catalina Street**

Address2:

City: **Overland Park** State: **KS** Zip: **66207**

Home Telephone: Business Phone: Cell Phone: (816) 392-4766

Email Address: lesliefoiles@gmail.com

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: **7/23/2020 4:54:21 PM** Signature of Candidate: **Laura McConwell**

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Candidate Candidate Name: **Laura McConwell**

Address: **6507 Dearborn Dr**

Address2:

City: **Mission** Zip: **66202**

Home Phone: Business Phone: **(913) 262-0605** Cell Phone: **(913) 387-7670**

County: **Johnson** Email Address: **laura@mcconwell.com**

Office Sought: **State Senator** District No.: **7**

Treasurer Date Appointed: **12/12/2019**

Treasurer Name: **Terrie Huntington**

Address: **6264 Glenfield Drive**

Address2:

City: **Fairway** State: **KS** Zip: **66205**

Home Telephone: Business Phone: Cell Phone: **(913) 558-3170**

Email Address: **terriehuntington@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: **7/23/2020 2:34:50 PM** Signature of Candidate: **Laura L McConwell**

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JAN 07 2020

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

RECEIVED

DEC 12 2019

SCOTT SCHWAB
SECRETARY OF STATE

KS Governmental Ethics Commission

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

Name Laura L McConwell		
Street 6507 Dearborn Drive		
City Mission	County Johnson	Zip Code 66202
Home Telephone 913 387 7670	Business Telephone 913 262 0605	
Office Sought Kansas Senate	District No. 7	

TREASURER

Date Appointed	
Name Terrie W. Huntington	
Address 6264 Glenfield Drive	
City Fairway	Zip Code 66205
Home Telephone	Business Telephone 913.558.3170

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."

12-12-19

(Date)

Laura McConwell

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS