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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: **Laura Kelly**
Address: **224 SW Greenwood AVE**
City: **Topeka** Zip: **66606-1228**
Home Phone: **7583575304** Business Phone: Cell Phone: **7852310371**
County: **Shawnee** Email Address: **laura@laurakelly.org**
Office Sought: **State Senator** District No.: **18**

Treasurer

Date Appointed: **01/01/2003**
Treasurer Name: **Robert Hall**
Address: **PO Box 8242**
City: **Topeka** State: **KS** Zip: **66608-0242**
Home Telephone: **7858620062** Business Phone: **7852701116** Cell Phone: **7856408038**
Email Address: **bob.hall@casconstruction.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **10/1/2008 10:15:11 AM** Signature of Candidate: **Laura Kelly**

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