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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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