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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: **Carolyn McGinn**
Address: **PO Box A**
Address2:
City: **Sedgwick** Zip: **67135**
Home Phone: **(316) 655-3301** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **mcginnfarm@gmail.com**
Office Sought: **State Senator** District No.: **31**

Treasurer Date Appointed: **02/04/2019**
Treasurer Name: **Carolyn McGinn**
Address: **11047 N. 87th W.**
Address2: **PO Box A**
City: **Sedgwick** State: **KS** Zip: **67135**
Home Telephone: **(316) 655-3301** Business Phone: Cell Phone:
Email Address: **mcginnfarm@gmail.com**

Candidate Date Appointed: **01/01/2005**
Committee Chairperson's Name: **Carolyn McGinn**
Address: **PO Box A**
Address2:
City: **Sedgwick** State: **KS** Zip: **67135**
Home Telephone: **(316) 655-3301** Business Phone: Cell Phone:
Email Address: **mcginnfarm@gmail.com**

Date Appointed: **01/01/2005**
Treasurer's Name: **Carolyn McGinn**
Address: **PO Box A**
Address2:
City: **Sedgwick** State: **KS** Zip: **67135**
Home Telephone: **(316) 655-3301** Business Phone: Cell Phone:

Email Address: **mcginnfarm@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: **2/4/2019 4:30:46 PM** Signature of Candidate: **Carolyn McGinn**

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