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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: **John L Sturn**  
Address: **117 Pohlman St**  
Address2:  
City: **Ellinwood** Zip: **67526**  
Home Phone: Business Phone: Cell Phone: **(620) 562-7698**  
County: **Barton** Email Address: **sturnforkansas@gmail.com**  
Office Sought: **State Senator** District No.: **33**

**Treasurer**

Date Appointed: **04/21/2024**  
Treasurer Name: **Luke Abbott**  
Address: **310 Old Manor Rd**  
Address2:  
City: **Ellinwood** State: **KS** Zip: **67526**  
Home Telephone: Business Phone: Cell Phone: **(620) 639-1534**  
Email Address: **lukeaabbott@gmail.com**

**Candidate  
Committee**

Date Appointed:  
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: **7/1/2024 7:05:34 PM** Signature of Candidate: **John Sturn**

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

**RECEIVED**  
APR 30 2024  
SCOTT SCHWAB  
SECRETARY OF STATE

This is an (Check one)  Initial Appointment  Amended Statement

**CANDIDATE** (Please Type or Print)

Name John Sturn			
Mailing Address 117 Pohlman St			
City Ellinwood	County Barton	Zip Code 67526	
Telephone 620-562-7698	Email sturnforkansas@gmail.com		
Office Sought State Senator	District No. 33		

**TREASURER**

Date Appointed 04/21/2024			
Name Luke Abbott			
Mailing Address 310 Old Manor Rd			
City Ellinwood	Zip Code 67526		
Telephone 620-639-1534	Email lukeaabbott@gmail.com		

**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Mailing Address			
City			Zip Code
Telephone	Email		
Treasurer's Name			
Mailing Address			
City			Zip Code
Telephone	Email		

**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."

04/21/2024 \_\_\_\_\_  
(Date) John Sturn  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS