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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: **Darren H Robinson**

Address: **731 E Forest Ct**

Address2:

City: **Haysville** Zip: **67060**

Home Phone: **(316) 516-8196** Business Phone: Cell Phone:

County: Email Address: **the.guvna@outlook.com**

Office Sought: **Governor** District No.:

**Treasurer** Date Appointed: **01/04/2018**

Treasurer Name: **P Rowe**

Address: **1832 S. Estelle**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

Home Telephone: Business Phone: Cell Phone: **(850) 855-5042**

Email Address: **the.guvna@outlook.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: **1/4/2018 9:55:19 AM** Signature of Candidate: **Darren H Robinson**

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**Amended Statement**

**Candidate** Candidate Name: **Darren H Robinson**

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Address2:

City: **Haysville** Zip: **67060**

Home Phone: **(316) 516-8196** Business Phone: Cell Phone:

County: Email Address: **the.guvna@outlook.com**

Office Sought: **Governor** District No.:

**Treasurer** Date Appointed: **12/15/2017**

Treasurer Name: **Carrie Bray**

Address: **1019 E Twisted Oak**

Address2:

City: **Derby** State: **KS** Zip: **67037**

Home Telephone: Business Phone: Cell Phone: **(940) 867-5382**

Email Address: **kscarrie@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: **12/15/2017 4:00:07 PM** Signature of Candidate: **Carrie J Bray**

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