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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: **Ilan S Cohen**
Address: **5601 Springfield Drive**
Address2:
City: **Bethesda** Zip: **20816**
Home Phone: **(202) 699-2387** Business Phone: Cell Phone: **(202) 699-2387**
County: Email Address: **Ilancohen613@gmail.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **02/16/2018**
Committee Chairperson's Name: **Ilan Cohen**
Address: **5601 Springfield Drive**
Address2:
City: **Bethesda** State: **MD** Zip: **20816**
Home Telephone: Business Phone: Cell Phone:
Email Address: **Ilancohen613@gmail.com**

Date Appointed: **02/16/2018**
Treasurer's Name: **Ilan Cohen**
Address: **5601 Springfield Drive**
Address2:
City: **Bethesda** State: **MD** Zip: **20816**
Home Telephone: Business Phone: Cell Phone:

Email Address: **Ilancohen613@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: **2/17/2018 6:00:32 PM** Signature of Candidate: **Ilan Cohen**

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