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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 Kelly**
Address: **234 SW Greenwood Av**
Address2:
City: **Topeka** Zip: **66606**
Home Phone: **(785) 357-5304** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **laura@laurakelly.org**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **05/30/2018**
Treasurer Name: **David Toland**
Address: **412 East Street**
Address2:
City: **Iola** State: **KS** Zip: **66749**
Home Telephone: Business Phone: Cell Phone:
Email Address: **davidctoland@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:

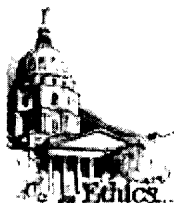
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **5/30/2018 8:29:43 AM** Signature of Candidate: **Laura Kelly**

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Address: **234 SW Greenwood Av**
Address2:
City: **Topeka** Zip: **66606**
Home Phone: **(785) 357-5304** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **laura@laurakelly.org**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **12/15/2017**
Treasurer Name: **Lynn Rogers**
Address: **912 N Spaulding**
Address2:
City: **Wichita** State: **KS** Zip: **67203**
Home Telephone: Business Phone: Cell Phone:
Email Address: **lynnwrogers@sbcglobal.net**

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: **12/15/2017 8:45:43 AM** Signature of Candidate: **Laura Kelly**

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