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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: **Sarah G Swain**
Address: **112 LAWRENCE AVENUE**
Address2:
City: **LAWRENCE** Zip: **66049**
Home Phone: **(913) 424-4192** Business Phone: **(785) 842-2787** Cell Phone: **(913) 424-4192**
County: Email Address: **swainforattorneygeneral@gmail.com**
Office Sought: **Attorney General** District No.:

Treasurer Date Appointed: **06/04/2018**
Treasurer Name: **Garrett Falls**
Address: **112 LAWRENCE AVENUE**
Address2:
City: **LAWRENCE** State: **KS** Zip: **66049**
Home Telephone: **(989) 859-7423** Business Phone: Cell Phone: **(989) 859-7423**
Email Address: **falls1gr@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: **6/4/2018 2:06:18 PM** Signature of Candidate: **Sarah Swain**

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