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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: **Jacob A LaTurner**
Address: **PO Box 67177**
Address2:
City: **Topeka** Zip: **66667**
Home Phone: **(620) 249-1929** Business Phone: Cell Phone:
County: **Crawford** Email Address: **jacoblturner@yahoo.com**
Office Sought: **State Treasurer** District No.:

Treasurer Date Appointed: **04/21/2017**
Treasurer Name: **Doug Hill**
Address: **538 Southridge**
Address2:
City: **Baxter Springs** State: **KS** Zip: **66713**
Home Telephone: Business Phone: Cell Phone:
Email Address: **dhill5251@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: **8/15/2018 4:31:33 PM** Signature of Candidate: **Jacob LaTurner**

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This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Jacob A LaTurner**
Address: **PO Box 1447**
Address2:
City: **Pittsburg** Zip: **66762**
Home Phone: **(620) 249-1929** Business Phone: Cell Phone:
County: **Crawford** Email Address: **jacoblturner@yahoo.com**
Office Sought: **State Treasurer** District No.:

Treasurer Date Appointed: **04/21/2017**
Treasurer Name: **Doug Hill**
Address: **538 Southridge**
Address2:
City: **Baxter Springs** State: **KS** Zip: **66713**
Home Telephone: Business Phone: Cell Phone:
Email Address: **dhill5251@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: **4/21/2017 10:58:10 AM** Signature of Candidate: **Jacob LaTurner**

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