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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: **kiel d corkran**
Address: **14201 west 138th ter**
Address2:
City: **olathe** Zip: **66062**
Home Phone: **(816) 516-5957** Business Phone: Cell Phone:
County: Email Address: **kielcorkranforcommissioner@gmail.com**
Office Sought: **Insurance Commissioner** District No.:

Treasurer Date Appointed: **12/21/2021**
Treasurer Name: **Kiel Corkran**
Address: **14201 west 138th terr**
Address2:
City: **olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone: Cell Phone:
Email Address: **kielcorkranforcommissioner@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: **12/21/2021 2:34:53 PM** Signature of Candidate: **Kiel Corkran**

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