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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](http://ethics.kansas.gov)

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

**Candidate** Candidate Name: **Caryn Tyson**  
Address: **PO Box 191**  
Address2:  
City: **Parker** Zip: **66072**  
Home Phone: **(913) 898-2366** Business Phone: Cell Phone:  
County: **Linn** Email Address: **campaign@teamytyson.org**  
Office Sought: **State Treasurer** District No.:

**Treasurer** Date Appointed: **07/01/2021**  
Treasurer Name: **Mike Estes**  
Address: **PO Box 191**  
Address2:  
City: **Parker** State: **KS** Zip: **66072**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **treasurer@teamytyson.org**

**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: **7/22/2021 9:37:51 PM** Signature of Candidate: **Caryn Tyson**

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Address: **PO Box 191**  
Address2:  
City: **Parker** Zip: **66072**  
Home Phone: **(913) 898-2366** Business Phone: Cell Phone:  
County: **Linn** Email Address: **campaign@teamtyson.org**  
Office Sought: **State Treasurer** District No.:

**Treasurer** Date Appointed: **07/01/2021**  
Treasurer Name: **Kelly Estes**  
Address: **PO Box 191**  
Address2:  
City: **Parker** State: **KS** Zip: **66072**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **treasurer@teamtyson.org**

**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: **7/1/2021 10:35:11 AM** Signature of Candidate: **Caryn Tyson**