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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: **Michael Austin**
Address: **3818 Daylily Court**
Address2:
City: **Lawrence** Zip: **66049**
Home Phone: **(785) 845-9159** Business Phone: Cell Phone:
County: Email Address: **mcoolridge14@hotmail.com**
Office Sought: **State Treasurer** District No.:

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **06/01/2021**
Committee Chairperson's Name: **Tony Bergida**
Address: **804 N Parkway Dr**
Address2:
City: **Olathe** State: **KS** Zip: **66061**
Home Telephone: Business Phone: Cell Phone:
Email Address: **tonybergida@gmail.com**

Date Appointed: **06/01/2021**
Treasurer's Name: **Joy Eakins**
Address: **141 N Belmont**
Address2:
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: Business Phone: Cell Phone:

Email Address: **MAforKansas@gmail.com**

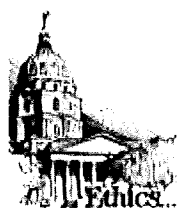
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **6/9/2021 3:45:37 PM** Signature of Candidate: **Michael Austin**

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Candidate Candidate Name: **Michael Austin**

Address: **3818 Daylily Court**

Address2:

City: **Lawrence** Zip: **66049**

Home Phone: **(785) 845-9159** Business Phone: Cell Phone:

County: Email Address: **michael.austin1989@gmail.com**

Office Sought: **State Treasurer** District No.:

Treasurer Date Appointed: **06/01/2021**

Treasurer Name: **Joy Eakins**

Address: **141 N Belmont**

Address2:

City: **Wichita** State: **KS** Zip: **67208**

Home Telephone: Business Phone: Cell Phone:

Email Address: **MAforKansas@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: **6/1/2021 9:07:53 AM** Signature of Candidate: **Michael Austin**

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