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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: **Steven Johnson**

Address: **10197 S. Hopkins Rd**

Address2:

City: **Assaria** Zip: **67416**

Home Phone: **(785) 829-0319** Business Phone: Cell Phone:

County: Email Address: **stevenj@hometelco.net**

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

**Treasurer** Date Appointed: **05/10/2021**

Treasurer Name: **Mark Hutton**

Address: **111 N. Sycamore St.**

Address2:

City: **Wichita** State: **KS** Zip: **67203**

Home Telephone: **(316) 260-9810** Business Phone: Cell Phone:

Email Address: **mhutton881@cox.net**

**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: **5/10/2021 5:47:05 PM** Signature of Candidate: **Steven Johnson**

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Home Phone: **(785) 829-0319** Business Phone: Cell Phone:

County: Email Address: **stevenj@hometelco.net**

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

**Treasurer** Date Appointed: **04/22/2021**

Treasurer Name: **Andrea Krug Krauss**

Address: **4106 184th Street**

Address2:

City: **Russell** State: **KS** Zip: **67665**

Home Telephone: **(785) 445-2528** Business Phone: Cell Phone:

Email Address: **andrea.krauss@johnofarmer.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: **4/22/2021 2:00:43 PM** Signature of Candidate: **Steven Johnson**

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