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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: **Carol Brewer**
Address: **2320 East MacArthur W-21**
Address2:
City: **Wichita** Zip: **67216**
Home Phone: **(316) 993-8744** Business Phone: Cell Phone: **(316) 993-8744**
County: **Sedgwick** Email Address: **1920carolbrewer@gmail.com**
Office Sought: **State Representative** District No.: **98**

Treasurer

Date Appointed: **07/01/2019**
Treasurer Name: **Carol Brewer**
Address: **1502 north pinecrest**
Address2:
City: **wichita** State: **KS** Zip: **67208**
Home Telephone: **(316) 518-5478** Business Phone: Cell Phone:
Email Address: **1920carolbrewer@gmail.com**

**Candidate
Committee**

Date Appointed:
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: **7/29/2024 12:26:34 AM** Signature of Candidate: **Carol S Brewer**

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Candidate

Candidate Name: **Carol S Brewer**
Address: **2320 east MacArthur lot w 21**
Address2:
City: **Wichita** Zip: **67216**
Home Phone: **(316) 993-8744** Business Phone: **(316) 993-8744** Cell Phone: **(316) 993-8744**
County: **Sedgwick** Email Address: **1920carolbrewer@gmail.com**
Office Sought: **State Representative** District No.: **98**

Treasurer

Date Appointed: **03/01/2024**
Treasurer Name: **Antoine Oliver**
Address: **2320 east MacArthur lot w 21**
Address2:
City: **Wichita** State: **KS** Zip: **67216**
Home Telephone: Business Phone: Cell Phone:
Email Address: **Antoine_oliver@live.com**

**Candidate
Committee**

Date Appointed:
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: **3/17/2024 10:39:59 PM** Signature of Candidate: **Carol Brewer**