



**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: **Kris W Kobach**
Address: **800 SW Jackson St**
Address2: **STE 618-1035**
City: **Topeka** Zip: **66612**
Home Phone: **(913) 735-4762** Business Phone: Cell Phone:
County: Email Address: **kris@kriskobach.com**
Office Sought: **Attorney General** District No.:

Treasurer

Date Appointed: **04/29/2021**
Treasurer Name: **Laura Francis**
Address: **212 King Street**
Address2:
City: **Dodge City** State: **KS** Zip: **67801**
Home Telephone: **(620) 430-7767** Business Phone: Cell Phone:
Email Address: **laura@kriskobach.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: **6/20/2023 12:59:43 PM** Signature of Candidate: **Kris Kobach**