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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Kansas Public Disclosure Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
<https://kpdcc.kansas.gov/>

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

Candidate

Candidate Name: **Luci Larson**
Address: **214 E Key Ave**
Address2:
City: **Salina** Zip: **67401**
Home Phone: **(785) 820-6847** Business Phone: Cell Phone: **(785) 820-6847**
County: **Saline** Email Address: **malularson214@gmail.com**
Office Sought: **State Representative** District No.: **69**

Treasurer

Date Appointed: **09/10/2026**
Treasurer Name: **Jamie Doss-Boos**
Address: **2749 Bret Ave**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 819-2168** Business Phone: Cell Phone: **(785) 819-2168**
Email Address: **jrdoss2016@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: **10/7/2026 3:15:24 PM** Signature of Candidate: **Luci Larson**

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