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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

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

Candidate

Candidate Name: **Mark E Holick**
Address: **543 S. Limuel Ct.**
Address2:
City: **Wichita** Zip: **67235-2012**
Home Phone: **(316) 722-5353** Business Phone: Cell Phone: **(316) 305-1229**
County: **Sedgwick** Email Address: **pastor@spiritonecc.org**
Office Sought: **State Representative** District No.: **101**

Treasurer

Date Appointed: **07/01/2012**
Treasurer Name: **Mark Holick**
Address: **543 S. Limuel Ct.**
Address2:
City: **Wichita** State: **KS** Zip: **67235-2012**
Home Telephone: **(316) 722-5353** Business Phone: Cell Phone: **(316) 305-1229**
Email Address: **pastor@spiritonecc.org**

**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:
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: **8/2/2012 2:52:51 PM** Signature of Candidate: **Mark E. Holick**

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