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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: **Leonard A Mastroni**
Address: **102 Fairway Drive**
Address2:
City: **LaCrosse** Zip: **67548**
Home Phone: **(785) 222-3260** Business Phone: Cell Phone: **(785) 432-0401**
County: **Rush** Email Address: **leonardmastroni@sbcglobal.net**
Office Sought: **State Representative** District No.: **117**

Treasurer Date Appointed: **06/02/2016**
Treasurer Name: **linda Mastroni**
Address: **102 Fairway Drive**
Address2:
City: **LaCrosse** State: **KS** Zip: **67548**
Home Telephone: **(785) 222-3260** Business Phone: Cell Phone: **(785) 432-0400**
Email Address: **ldmastroni@hotmail.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: **7/24/2016 11:52:05 PM** Signature of Candidate: **linda Mastroni**

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**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED
JUN 03 2016

This is an (Check one) Initial Appointment Amended Statement of Governmental Ethics Commission
(Please Type or Print)

CANDIDATE

Name	LEONARD A. MASTRONI		
Street	102 FAIRWAY DR.		
City	County	Zip Code	LACROSSE RUSH 67548
Home Telephone	785 222-3260	Business Telephone	785-222-2731
Office Sought	HOUSE OF REPRESENTATIVE	District No.	117

TREASURER

Date Appointed	6/2/2016		
Name	LINDA D. MASTRONI		
Address	102 FAIRWAY DRIVE		
City	Zip Code	LACROSSE 67548	
Home Telephone	Business Telephone		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City	Zip Code		
Home Telephone	Business Telephone		
Treasurer's Name			
Address			
City	Zip Code		
Home Telephone	Business Telephone		

SIGNATURE

"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."

6/2/2016
(Date)

Leonard A. Mastroni
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS