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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: **Renee L Slinkard**
Address: **5630 W. 2200 Rd.**
Address2:
City: **Parker** Zip: **66072**
Home Phone: **(913) 898-3088** Business Phone: Cell Phone: **(913) 708-3690**
County: **Linn** Email Address: **4slink@embarqmail.com**
Office Sought: **State Representative** District No.: **5**

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **05/18/2018**
Committee Chairperson's Name: **Renee Slinkard**
Address: **5630 W. 2200 Rd.**
Address2:
City: **Parker** State: **KS** Zip: **66072**
Home Telephone: **(913) 898-3088** Business Phone: Cell Phone: **(913) 708-3690**
Email Address: **4slink@embarqmail.com**

Date Appointed: **05/18/2018**
Treasurer's Name: **Don Slinkard**
Address: **5630 W. 2200 Rd.**
Address2:
City: **Parker** State: **KS** Zip: **66072**
Home Telephone: **(913) 898-3088** Business Phone: Cell Phone:

Email Address: **4slink@embarqmail.com**

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: **5/24/2018 12:10:36 PM** Signature of Candidate: **Renee L. Slinkard**

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