

[Print](#) this form or [Go Back](#)



**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: **Kristi R Kirk**
Address: **13404 E Tallowood Dr**
Address2:
City: **Wichita** Zip: **67230**
Home Phone: **(913) 428-6943** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **kirkforkansas99@gmail.com**
Office Sought: **State Representative** District No.: **99**

Treasurer Date Appointed: **05/31/2018**
Treasurer Name: **Lance Kirk**
Address: **13404 E. Tallowood Drve**
Address2:
City: **Wichita** State: **KS** Zip: **67230**
Home Telephone: **(316) 208-1063** Business Phone: Cell Phone:
Email Address: **lnckirk@aol.com**

Candidate Date Appointed:
Committee 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: **1/7/2019 8:01:21 PM** Signature of Candidate: **Kristi R. Kirk**

[Print](#) this form or [Go Back](#)

[Print](#) this form or [Go Back](#)



**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: **Kristi R Kirk**
Address: **11310 E. 21st St. N. PMB 120**
Address2:
City: **Wichita** Zip: **67206**
Home Phone: **(913) 428-6943** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **kirkforkansas99@gmail.com**
Office Sought: **State Representative** District No.: **99**

Treasurer Date Appointed: **05/31/2018**
Treasurer Name: **Lance Kirk**
Address: **13404 E. Tallwood Drive**
Address2:
City: **Wichita** State: **KS** Zip: **67230**
Home Telephone: **(316) 208-1063** Business Phone: Cell Phone:
Email Address: **lnckirk@aol.com**

Candidate Date Appointed:
Committee 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: **7/21/2018 1:16:11 PM** Signature of Candidate: **Kristine R Kirk**

[Print](#) this form or [Go Back](#)

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

RECEIVED

JUN 08 2018
KS Governmental Ethics Commission

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

| | | | |
|----------------|-----------------------|--------------------|-----------------------------|
| Name | Kristi Kirk | | |
| Street | 13404 E. Talbwood Dr. | | |
| City | Wichita | County | KS Sedgewick Zip Code 67230 |
| Home Telephone | 913-428-6943 | Business Telephone | |
| Office Sought | state rep- | District No. | 99 |

TREASURER

| | | | |
|----------------|-----------------------|--------------------|-------|
| Date Appointed | 6-6-18 | | |
| Name | Lance Kirk | | |
| Address | 13404 E. Talbwood Dr. | | |
| City | Wichita | Zip Code | 67230 |
| Home Telephone | 316-208-1068 | Business Telephone | |

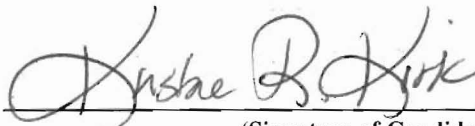
OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--|--------------------|--|
| 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.”

6-6-18
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS