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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: **Kristine R Sapp**
Address: **8406 Twilight Ln**
Address2:
City: **Lenexa** Zip: **66219**
Home Phone: Business Phone: Cell Phone: **(913) 303-0689**
County: **Johnson** Email Address: **Kristine@kristineforkansas.com**
Office Sought: **State Representative** District No.: **17**

Treasurer Date Appointed: **06/05/2020**
Treasurer Name: **Elizabeth Pamperin**
Address: **9430 Tomashaw Lane**
Address2:
City: **Lenexa** State: **KS** Zip: **66219**
Home Telephone: Business Phone: Cell Phone: **(913) 244-8160**
Email Address: **pamperinbeth@gmail.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: **6/5/2020 11:30:40 AM** Signature of Candidate: **Kristine R. Sapp**

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