

[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: **Cathy Gordon**
Address: **4920 Bradshaw Street**
Address2:
City: **Shawnee** Zip: **66216**
Home Phone: **(913) 707-8578** Business Phone: Cell Phone:
County: Email Address: **cathyksstaterep@gmail.com**
Office Sought: **State Representative** District No.: **18**

Treasurer Date Appointed: **04/06/2020**
Treasurer Name: **Catherine Gordon**
Address: **4920 Bradshaw Street**
Address2: **suite 100**
City: **Shawnee** State: **KS** Zip: **66216**
Home Telephone: Business Phone: Cell Phone: **(913) 707-8578**
Email Address: **jayhawkbabies@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: **4/13/2020 9:47:13 AM** Signature of Candidate: **Catherine A Gordon**

[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: **Cathy Gordon**
Address: **4920 Bradshaw Street**
Address2:
City: **Shawnee** Zip: **66216**
Home Phone: **(913) 707-8578** Business Phone: Cell Phone:
County: Email Address: **cathyksstaterep@gmail.com**
Office Sought: **State Representative** District No.: **18**

Treasurer Date Appointed: **05/25/2018**
Treasurer Name: **Whitney Abbott**
Address: **4033 Kenwood Ave Apt 3S**
Address2: **suite 100**
City: **Kansas City** State: **KS** Zip: **66102**
Home Telephone: **(479) 965-6819** Business Phone: Cell Phone:
Email Address: **whitney.abbott@newbirthcomkcks.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: **7/24/2018 2:46:41 PM** Signature of Candidate: **Whitney Abbott**

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