

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

RECEIVED
JUN 01 2020
KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

| | | | |
|----------------|-----------------|--------------------|-------|
| Name | Mark Gilstrap | | |
| Street | 4218 N 126th St | | |
| City | County | Zip Code | 66109 |
| Home Telephone | 913 558 7722 | Business Telephone | |
| Office Sought | House | District No. | 36 |

TREASURER

| | | | |
|----------------|--------------------|--------------------|--|
| Date Appointed | 5-26-20 | | |
| Name | JoAnne M. Gilstrap | | |
| Address | 4218 N 126th St | | |
| City | Zip Code | 66109 | |
| Home Telephone | 913 558 7527 | 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."

5-30-20
(Date)

Mark Gilstrap
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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