

[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: **PHILIP D BLACK**
Address: **815 Spruce, Apt B**
Address2:
City: **Salina** Zip: **67401**
Home Phone: **(785) 342-2452** Business Phone: **(785) 342-2452** Cell Phone: **(785) 342-2452**
County: **Saline** Email Address: **philblackforstaterep@gmail.com**
Office Sought: **State Representative** District No.: **69**

Treasurer Date Appointed: **02/06/2019**
Treasurer Name: **Krista Klingenberg**
Address: **517 Sunset Dr**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 342-9234** Business Phone: **(785) 826-9190** Cell Phone: **(785) 342-9234**
Email Address: **kristaklingenberg@hotmail.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: **2/6/2019 10:06:36 AM** Signature of Candidate: **PHILIP BLACK**

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