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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Leonard A Mastroni**
Address: **102 Fairway Drive**
Address2:
City: **LaCrosse** Zip: **67548**
Home Phone: **(785) 222-3260** Business Phone: Cell Phone: **(785) 432-0401**
County: **Rush** Email Address: **leonardmastroni@sbcglobal.net**
Office Sought: **State Representative** District No.: **117**

Treasurer Date Appointed: **06/02/2016**
Treasurer Name: **linda Mastroni**
Address: **102 Fairway Drive**
Address2:
City: **LaCrosse** State: **KS** Zip: **67548**
Home Telephone: **(785) 222-3260** Business Phone: Cell Phone: **(785) 432-0400**
Email Address: **ldmastroni@hotmail.com**

Candidate Committee Date Appointed:
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: **7/24/2016 11:52:05 PM** Signature of Candidate: **linda Mastroni**

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