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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: **Linda A Featherston**

Address: **11007 W 100th St**

Address2:

City: **Overland Park** Zip: **66214**

Home Phone: **(913) 599-1586** Business Phone: **(913) 599-1586** Cell Phone: **(913) 205-6377**

County: **Johnson** Email Address: **linda4kansas@gmail.com**

Office Sought: **State Representative** District No.: **16**

Treasurer Date Appointed: **09/30/2021**

Treasurer Name: **Mark Lange**

Address: **1428 N Martway Dr**

Address2:

City: **Olathe** State: **KS** Zip: **66061**

Home Telephone: **(913) 735-0829** Business Phone: Cell Phone: **(913) 707-5030**

Email Address: **marklange1138@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: **9/30/2021 5:41:01 PM** Signature of Candidate: **Linda Featherston**

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