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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: **Kristin Clark**
Address: **14548 W. 141st Drive**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: Business Phone: Cell Phone: **(913) 645-0191**
County: **Johnson** Email Address: **mrs.kristin.clark@gmail.com**
Office Sought: **State Representative** District No.: **49**

Treasurer Date Appointed: **05/12/2022**
Treasurer Name: **Natalie Malcolm**
Address: **14191 S Alden Ct**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone: Cell Phone: **(913) 669-4697**
Email Address: **caiusmom14@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: **5/12/2022 9:45:37 AM** Signature of Candidate: **Kristin Clark**

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Office Sought: **State Representative** District No.: **49**

Treasurer Date Appointed: **05/11/2022**
Treasurer Name: **Kristin Clark**
Address: **14548 W. 141st Drive**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone: Cell Phone: **(913) 645-0191**
Email Address: **mrs.kristin.clark@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: **5/11/2022 9:20:51 AM** Signature of Candidate: **Kristin Clark**