

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: **Molly V Molina**

Address: **1312 Kiowa**

Address2:

City: **Salina** Zip: **67401**

Home Phone: **(785) 404-8694** Business Phone: Cell Phone: **(785) 404-8694**

County: **Saline** Email Address: **mollyforkansas69@gmail.com**

Office Sought: **State Representative** District No.: **69**

**Treasurer** Date Appointed: **06/10/2022**

Treasurer Name: **Molly Molina**

Address: **1312 Kiowa**

Address2:

City: **Salina** State: **KS** Zip: **67401**

Home Telephone: **(785) 404-8694** Business Phone: Cell Phone:

Email Address: **mollyforkansas69@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: **6/10/2022 9:36:53 PM** Signature of Candidate: **Molly Vivianna Molina**