

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR ^{State} ~~LOCAL~~ OFFICE**

RECEIVED
FEB 14 2024
SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <i>Elena Super</i>		
Mailing Address <i>PO Box 541</i>		
City <i>Paola</i>	County <i>Miami</i>	Zip Code <i>66071</i>
Telephone <i>913-634-9968</i>	Email <i>elena.super@yahoo.com</i>	
Office Sought <i>KS House of Representative</i>	District No. <i>6</i>	

TREASURER

Date Appointed <i>2-10-24</i>		
Name <i>Dennis M. Super</i>		
Mailing Address <i>PO Box 541</i>		
City <i>Paola</i>	Zip Code <i>66071</i>	
Telephone <i>913-634-6137</i>	Email <i>dennis.super@yahoo.com</i>	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

SIGNATURE
"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."

2-14-2024
(Date)

Elena Super
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS