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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: **Mark D Snelson**
Address: **3417 N 57th St.**
Address2:
City: **Kansas City** Zip: **66104**
Home Phone: **(913) 208-9292** Business Phone: Cell Phone:
County: **Wyandotte** Email Address: **snelson4district36@gmail.com**
Office Sought: **State Representative** District No.: **36**

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **06/01/2022**
Committee Chairperson's Name: **Mark Snelson**
Address: **3417 N 57th St.**
Address2:
City: **Kansas City** State: **KS** Zip: **66104**
Home Telephone: **(913) 320-8929** Business Phone: Cell Phone:
Email Address: **snelson4district36@gmail.com**

Date Appointed: **12/01/2022**
Treasurer's Name: **Mark Snelson**
Address: **3417 N 57th St.**
Address2:
City: **Kansas City** State: **KS** Zip: **66104**
Home Telephone: **(913) 320-8929** Business Phone: Cell Phone:

Email Address: **snelson4district36@gmail.com**

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: **1/8/2023 4:25:41 PM** Signature of Candidate: **MD SNELSON**