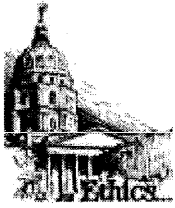


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

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: **Eli Kormanik**

Address: **703 logan st**

Address2:

City: **Alta Vista** Zip: **66834**

Home Phone: **(785) 499-3433** Business Phone: Cell Phone:

County: **Wabaunsee** Email Address: **elikormanik@icloud.com**

Office Sought: **State Representative** District No.: **51**

**Treasurer**

Date Appointed: **05/10/2024**

Treasurer Name: **Carla Kormanik**

Address: **411 Main st**

Address2:

City: **Alta Vista** State: **KS** Zip: **66834**

Home Telephone: **(785) 499-3503** Business Phone: Cell Phone:

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

**Candidate  
Committee**

Date Appointed:

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: **5/10/2024 3:06:32 PM** Signature of Candidate: **Eli Kormanik**