



**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: **Jacqueline W Lightcap**
Address: **2811 SW Lincolnshire Ct**
Address2:
City: **Topeka** Zip: **66614**
Home Phone: Business Phone: Cell Phone: **(785) 338-1324**
County: **Shawnee** Email Address: **jacquielightcap@gmail.com**
Office Sought: **State Representative** District No.: **52**

Treasurer

Date Appointed: **01/10/2024**
Treasurer Name: **Ethel Edwards**
Address: **3634 SW Spring Creek Ct**
Address2:
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: Business Phone: Cell Phone: **(785) 231-9586**
Email Address: **etheledwards766@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: **1/10/2024 12:31:45 PM** Signature of Candidate: **Jacqueline Whitney Lightcap**