

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

**RECEIVED**  
APR 02 2024  
SCOTT SCHWAB  
SECRETARY OF STATE

This is an (Check one)     Initial Appointment     Amended Statement

**CANDIDATE**

(Please Type or Print)

Name Mark Schreiber		
Mailing Address 1722 Yucca Lane		
City Emporia	County Lyon	Zip Code 66801
Telephone 785-230-0897	Email markschreiber60@gmail.com	
Office Sought Representative	District No. 60	

**TREASURER**

Date Appointed 05-25-2016		
Name Cindy Lore		
Mailing Address 1274 Thompson		
City Emporia	Zip Code 66801	
Telephone 620-366-2374	Email cindyllore56@gmail.com	

**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."

04/02/2024  
\_\_\_\_\_  
(Date)

*Mark Schreiber*  
\_\_\_\_\_  
(Signature of Candidate)

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

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Mark Schreiber**  
Address: **1722 YUCCA LN**  
Address2:  
City: **EMPORIA** Zip: **66801**  
Home Phone: **(620) 342-6954** Business Phone: Cell Phone: **(785) 230-0897**  
County: **Lyon** Email Address: **markschreiber60@gmail.com**  
Office Sought: **State Representative** District No.: **60**

**Treasurer** Date Appointed: **05/25/2016**  
Treasurer Name: **Cindy Lore**  
Address: **1274 Thompson**  
Address2:  
City: **Emporia** State: **KS** Zip: **66801**  
Home Telephone: Business Phone: **(620) 342-7023** Cell Phone: **(620) 366-2374**  
Email Address: **lorehage@cableone.net**

**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: **7/21/2016 10:33:34 AM** Signature of Candidate: **Mark Schreiber**

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