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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: **Lorraine M Cenicerros**
Address: **316 S Kiowa Ct**
Address2:
City: **Junction City** Zip: **66441**
Home Phone: Business Phone: Cell Phone: **(909) 242-1742**
County: **Geary** Email Address: **lorraine@lorraineforkansashouse.org**
Office Sought: **State Representative** District No.: **65**

Treasurer
Date Appointed: **05/07/2024**
Treasurer Name: **Rina Neal**
Address: **1313 S Garfield St**
Address2:
City: **Junction City** State: **KS** Zip: **66441**
Home Telephone: Business Phone: Cell Phone: **(785) 375-5484**
Email Address: **rinadneal@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: **6/24/2024 11:13:27 PM** Signature of Candidate: **Lorraine Cenicerros**



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Candidate

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Home Phone: Business Phone: Cell Phone: **(909) 242-1742**
County: **Geary** Email Address: **lorraine@lorraineforkansashouse.org**
Office Sought: **State Representative** District No.: **65**

Treasurer

Date Appointed: **05/23/2024**
Treasurer Name: **Lorraine Cenicerros**
Address: **316 S Kiowa Cr**
Address2:
City: **Junction City** State: **KS** Zip: **66441**
Home Telephone: Business Phone: Cell Phone: **(909) 242-1742**
Email Address: **lorraine.cenicerros@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: **6/13/2024 1:54:23 PM** Signature of Candidate: **Lorraine M Cenicerros**

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