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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: **Ellace V Henderson**  
Address: **203 6th St**  
Address2:  
City: **Phillipsburg** Zip: **67661**  
Home Phone: **(785) 302-1880** Business Phone: Cell Phone: **(785) 302-1880**  
County: **Phillips** Email Address: **ellacevhenderson@gmail.com**  
Office Sought: **State Representative** District No.: **110**

**Treasurer**

Date Appointed: **05/31/2024**  
Treasurer Name: **ellace Henderson**  
Address: **203 6th St**  
Address2:  
City: **Phillipsburg** State: **KS** Zip: **67661**  
Home Telephone: **(785) 302-1880** Business Phone: Cell Phone: **(785) 302-1880**  
Email Address: **ellacevhenderson@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: **5/31/2024 11:24:45 AM** Signature of Candidate: **ellace V. Henderson**