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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: **Lindsey Constance**
Address: **PO Box 3094**
Address2:
City: **Shawnee** Zip: **66203**
Home Phone: Business Phone: Cell Phone: **(816) 516-7016**
County: **Johnson** Email Address: **lindsey4kansas@gmail.com**
Office Sought: **State Senator** District No.: **10**

Treasurer Date Appointed: **05/06/2019**
Treasurer Name: **Erin Aldridge**
Address: **7605 Lichtenauer Dr**
Address2:
City: **Shawnee** State: **KS** Zip: **66217**
Home Telephone: **(785) 550-3078** Business Phone: Cell Phone:
Email Address: **Erin.Aldridge415@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: **1/10/2020 8:33:59 AM** Signature of Candidate: **Lindsey Constance**

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

Candidate Candidate Name: **Lindsey E Constance**
Address: **13913 W 73rd St**
Address2:
City: **Shawnee** Zip: **66216**
Home Phone: **(816) 516-7016** Business Phone: Cell Phone: **(816) 516-7016**
County: **Johnson** Email Address: **constanceforkansas@gmail.com**
Office Sought: **State Senator** District No.: **10**

Treasurer Date Appointed: **05/06/2019**
Treasurer Name: **Erin Aldridge**
Address: **7605 Lichtenauer Dr**
Address2:
City: **Shawnee** State: **KS** Zip: **66217**
Home Telephone: Business Phone: Cell Phone:
Email Address: **erin.aldridge415@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: **5/6/2019 6:31:51 PM** Signature of Candidate: **Lindsey Constance**

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