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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: **R. GABRIEL COSTILLA**
Address: **1212 S GASAWAY DR**
Address2:
City: **DERBY** Zip: **67037**
Home Phone: Business Phone: Cell Phone: **(806) 677-8385**
County: **Sedgwick** Email Address: **G.COSTILLA07@GMAIL.COM**
Office Sought: **State Senator** District No.: **16**

Treasurer Date Appointed: **04/07/2016**
Treasurer Name: **REBECCA JENEK**
Address: **2403 S FERN**
Address2:
City: **WICHITA** State: **KS** Zip: **67217**
Home Telephone: Business Phone: Cell Phone: **(316) 619-5370**
Email Address: **BECKS02@AOL.COM**

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: **1/9/2018 8:02:45 PM** Signature of Candidate: **GABRIEL COSTILLA**

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County: **Sedgwick** Email Address: **G.COSTILLA07@GMAIL.COM**
Office Sought: **State Senator** District No.: **16**

Treasurer Date Appointed: **04/07/2016**
Treasurer Name: **REBECCA JENEK**
Address: **2418 E 2ND ST N**
Address2:
City: **WICHITA** State: **KS** Zip: **67214**
Home Telephone: Business Phone: Cell Phone: **(316) 619-5370**
Email Address: **BECKS02@AOL.COM**

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:
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: **4/9/2016 10:54:05 PM** Signature of Candidate: **R. GABRIEL COSTILLA**

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