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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: **Beverly E Gossage**  
Address: **9325 EVENING STAR TERR**  
Address2:  
City: **Eudora** Zip: **66025**  
Home Phone:    Business Phone:    Cell Phone: **(913) 207-6141**  
County: **Johnson**    Email Address: **beverly@hsabenefitsconsulting.com**  
Office Sought: **State Senator**    District No.: **9**

**Treasurer**

Date Appointed: **09/16/2020**  
Treasurer Name: **MARILYN PEARSE**  
Address: **2250 LAKE POINTE DR**  
Address2: **UNIT 705**  
City: **LAWRENCE**    State: **KS**    Zip: **66049**  
Home Telephone:    Business Phone:    Cell Phone: **(785) 393-9979**  
Email Address: **MARILYN@KASTLACCOUNTING.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: **12/20/2023 8:47:01 AM**    Signature of Candidate: **Beverly Gossage**

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**Candidate** Candidate Name: **Beverly E Gossage**  
Address: **9325 EVENING STAR TERR**  
Address2:  
City: **Eudora** Zip: **66025**  
Home Phone: Business Phone: Cell Phone: **(913) 207-6141**  
County: **Johnson** Email Address: **beverly@hsabenefitsconsulting.com**  
Office Sought: **State Senator** District No.: **9**

**Treasurer** Date Appointed: **09/16/2020**  
Treasurer Name: **MARILYN PEARSE**  
Address: **2250 LAKE POINTE DR**  
Address2: **UNIT 1002**  
City: **LAWRENCE** State: **KS** Zip: **66049**  
Home Telephone: Business Phone: Cell Phone: **(785) 393-9979**  
Email Address: **MARILYN@KASTLACCOUNTING.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: **9/22/2020 3:27:08 PM** Signature of Candidate: **Beverly E Gossage**

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