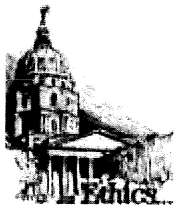


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Cynthia K Smith**

Address: **3919 Sweetclover St**

Address2:

City: **Lawrence** Zip: **66049**

Home Phone: **(785) 218-6505** Business Phone: **(785) 422-8850** Cell Phone:

County: **Douglas** Email Address: **smithcynthiak@gmail.com**

Office Sought: **State Senator** District No.: **19**

Treasurer

Date Appointed: **05/28/2024**

Treasurer Name: **Scott Smith**

Address: **3919 Sweetclover St**

Address2:

City: **Lawrence** State: **KS** Zip: **66049**

Home Telephone: **(785) 218-6505** Business Phone: Cell Phone: **(785) 550-3780**

Email Address: **smithcynthiak@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: **7/26/2024 10:55:34 AM** Signature of Candidate: **Cynthia Smith**

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED

MAY 28 2024

SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <i>Cynthia Smith</i>			
Mailing Address <i>3919 Sweetclover St</i>			
City <i>Lawrence</i>	County <i>Douglas</i>	Zip Code <i>66049</i>	
Telephone <i>785.422.8850</i>	Email <i>smithcynthiak@gmail.com</i>		
Office Sought <i>state senate</i>	District No. <i>19</i>		

TREASURER

Date Appointed <i>5/28/24</i>			
Name <i>Scott Smith</i>			
Mailing Address <i>3919 Sweetclover St</i>			
City <i>Lawrence</i>	Zip Code <i>66049</i>		
Telephone <i>785.218.6505</i>	Email <i>smithack@aol.com</i>		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

SIGNATURE

"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."

5/28/24
(Date)

Cynthia Smith
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS