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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](http://ethics.kansas.gov)

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

**Candidate**

Candidate Name: **Clarke Sanders**  
Address: **2096 Leland Way**  
Address2:  
City: **Salina** Zip: **67401**  
Home Phone: **(785) 577-4604** Business Phone: Cell Phone: **(785) 577-4604**  
County: **Saline** Email Address: **clarkeforrep@gmail.com**  
Office Sought: **State Representative** District No.: **69**

**Treasurer**

Date Appointed: **11/07/2024**  
Treasurer Name: **Linda Reynolds**  
Address: **2219 Leland Way**  
Address2:  
City: **Salina** State: **KS** Zip: **67401**  
Home Telephone: **(785) 712-7278** Business Phone: **(785) 823-1333** Cell Phone: **(785) 712-7278**  
Email Address: **linda@rlopalaw.net**

**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: **11/15/2024 9:16:35 AM** Signature of Candidate: **Linda A. Reynolds**

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

**RECEIVED**

NOV 07 2024

This is an (Check one)

Initial Appointment

Amended State Governmental Ethics Commission

**CANDIDATE**

Name Clarke Sanders		
Mailing Address 2096 Leland Way		
City Salina	County Saline	Zip Code 67401
Telephone 785-577-4604	Email clarkeforrep@gmail.com	
Office Sought State Representative	District No. 69	

**TREASURER**

Date Appointed 11/06/2024		
Name Linda Reynolds		
Mailing Address 2219 Leland Way		
City Salina, KS	Zip Code 67401	
Telephone 785-712-7278	Email linda@rlopalaw.net	

**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."

11/07/2024  
\_\_\_\_\_  
(Date)

*Clarke Sanders*  
\_\_\_\_\_  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**RECEIVED**  
JUN 04 2020

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

KS Governmental Ethics Commission

This is an (Check one)  Initial Appointment  Amended Statement

**CANDIDATE**

(Please Type or Print)

Name	Clarke Sanders		
Street	2096 Leland Way		
City	Salina, KS	County	Saline Zip Code 67401
Home Telephone	785-577-4604	Business Telephone	None
Office Sought	State Representative	District No.	69

**TREASURER**

Date Appointed	6-5-2020		
Name	JAMES A. DUBOIS		
Address	400 E KIRWIN AVE		
City	SALINA	Zip Code	67401
Home Telephone	785-822-0830	Business Telephone	785-309-5860

**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

**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."

6/4/20

(Date)

Clarke Sanders

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS