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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: **Mark A Rondeau**  
Address: **3105 BROADWAY AVE**  
Address2:  
City: **GREAT BEND** Zip: **67530**  
Home Phone: **(620) 786-5336** Business Phone: **(620) 786-5336** Cell Phone:  
County: **Barton** Email Address: **mark.rondeau@wcrf.com**  
Office Sought: **State Representative** District No.: **112**

**Treasurer**

Date Appointed: **06/04/2024**  
Treasurer Name: **Cathy Anderson**  
Address: **1822 Apollo**  
Address2:  
City: **GREAT BEND** State: **KS** Zip: **67530**  
Home Telephone: **(620) 617-7746** Business Phone: Cell Phone:  
Email Address: **cathanderson@sbcglobal.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: **9/23/2024 8:52:15 AM** Signature of Candidate: **CathyAnderson**

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Office Sought: **State Representative** District No.: **112**

**Treasurer**

Date Appointed: **06/04/2024**  
Treasurer Name: **Cathy Anderson**  
Address: **1922 Apollo**  
Address2:  
City: **GREAT BEND** State: **KS** Zip: **67530**  
Home Telephone: **(620) 617-7746** Business Phone: Cell Phone:  
Email Address: **cathanderson@sbcglobal.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: **6/4/2024 8:47:03 AM** Signature of Candidate: **Mark Rondeau**