

APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)  Initial Appointment  Amended Statement

CANDIDATE (Please Type or Print)

Name	Robert Soria		
Mailing Address	528 NE Lime St		
City	County	Zip Code	
Topeka	Shawnee	66616	
Telephone	785-845-5460	Email	rsoria.sncod2@gmail.com
Office Sought	SNCO Commissioner		District No. 2

TREASURER

Date Appointed	6/3/24		
Name	Christine Soria		
Mailing Address	528 NE Lime St		
City	County	Zip Code	
Topeka		66616	
Telephone	785-554-5009	Email	christine.soria@ymail.com

OR CANDIDATE COMMITTEE

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

6/3/24  
(Date)

*Robert A. Soria*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

## INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1<sup>st</sup> floor, 120 SW 10<sup>th</sup>, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Ofc 785-296-4219  
Fax 785-296-2548