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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: **Suzanne Valdez**
Address: **4000 W. 6th Street, B173**
Address2:
City: **Lawrence** Zip: **66049**
Home Phone: Business Phone: Cell Phone: **(785) 766-6169**
County: **Douglas** Email Address: **Suzanne.valdez6@gmail.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer

Date Appointed: **07/01/2024**
Treasurer Name: **Amory Lovin**
Address: **4000 W. 6th Street, B173**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: **(913) 548-1704** Business Phone: Cell Phone:
Email Address: **aklovin@yahoo.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: **7/28/2024 2:05:01 PM** Signature of Candidate: **Suzanne Valdez**

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

Candidate Name: **Suzanne Valdez**
Address: **2250 Lake Pointe Drive**
Address2: **Unit 1002**
City: **Lawrence** Zip: **66049**
Home Phone: Business Phone: Cell Phone: **(785) 766-6169**
County: **Douglas** Email Address: **Suzanne.valdez6@gmail.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer Date Appointed: **07/01/2024**
Treasurer Name: **Amory Lovin**
Address: **4000 W. 6th Street, B173**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: **(913) 548-1704** Business Phone: Cell Phone:
Email Address: **aklovin@yahoo.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: **7/8/2024 2:51:23 PM** Signature of Candidate: **Suzanne Valdez**

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

Candidate

Candidate Name: **Suzanne Valdez**
Address: **4000 W. 6th Street, Ste. B, #173**
Address2:
City: **Lawrence** Zip: **66049**
Home Phone: **(785) 766-6169** Business Phone: Cell Phone:
County: **Douglas** Email Address: **suzanne@suzannevaldez.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer

Date Appointed: **01/27/2024**
Treasurer Name: **Joshua Seiden**
Address: **4000 W. 6th Street, Ste. B #173**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: Business Phone: Cell Phone: **(785) 371-9284**
Email Address: **joshua@suzannevaldez.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: **1/27/2024 11:27:07 PM** Signature of Candidate: **Suzanne Valdez**

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This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **Suzanne Valdez**
Address: **2250 Lake Pointe Drive**
Address2: **Unit 1002**
City: **Lawrence** Zip: **66049**
Home Phone: Business Phone: Cell Phone: **(785) 766-6169**
County: **Douglas** Email Address: **Suzanne.valdez6@gmail.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer Date Appointed: **04/15/2020**
Treasurer Name: **Joshua Seiden**
Address: **P.O. Box 2395**
Address2:
City: **Mission** State: **KS** Zip: **66201**
Home Telephone: Business Phone: Cell Phone: **(785) 289-8490**
Email Address: **joshua.david.seiden@gmail.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:

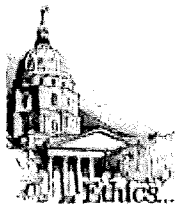
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **11/19/2021 12:43:48 PM** Signature of Candidate: **Suzanne Valdez**

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

Candidate Candidate Name: **Suzanne Valdez**
Address: **4015 W. 14th Street**
Address2:
City: **Lawrence** Zip: **66049**
Home Phone: Business Phone: Cell Phone: **(785) 766-6169**
County: **Douglas** Email Address: **Suzanne.valdez6@gmail.com**
Office Sought: **District Attorney** District No.: **7**

Treasurer Date Appointed: **04/15/2020**
Treasurer Name: **Joshua Seiden**
Address: **P.O. Box 2395**
Address2:
City: **Mission** State: **KS** Zip: **66201**
Home Telephone: Business Phone: Cell Phone: **(785) 289-8490**
Email Address: **joshua.david.seiden@gmail.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: **4/15/2020 4:09:22 PM** Signature of Candidate: **Suzanne Valdez**

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