

[Print this form](#) or [Go Back](#)

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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

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

Candidate Candidate Name: **Dan N Manning**
Address: **950 W 46th St N**
Address2:
City: **Wichita** Zip: **67204**
Home Phone: **(316) 285-2728** Business Phone: **(316) 285-2728** Cell Phone: **(316) 285-2728**
County: **Sedgwick** Email Address: **danmanning1@gmail.com**
Office Sought: **State Representative** District No.: **91**

Treasurer Date Appointed: **09/23/2011**
Treasurer Name: **Thomas Witt**
Address: **6505 E Central # 219**
Address2:
City: **Wichita** State: **KS** Zip: **67206**
Home Telephone: **(316) 683-1706** Business Phone: Cell Phone:
Email Address: **tom@rollcallconsulting.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:
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: **9/23/2011 12:09:44 PM** Signature of Candidate: **Dan Manning**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)

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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) Initial Appointment Amended Statement

CandidateCandidate Name: **Dan Manning**

Address:

City: **Wichita** Zip: **67203**Home Phone: Business Phone: Cell Phone: **3162852728**County: **Sedgwick** Email Address: **manningforkansas91@gmail.com**Office Sought: **State Representative** District No.: **91****Treasurer**Date Appointed: **06/26/2010**Treasurer Name: **Brad Thomison**

Address:

City: **Wichita** State: **KS** Zip: **67207**

Home Telephone: Business Phone: Cell Phone:

Email Address: **brad.thomison@gmail.com****Candidate
Committee**

Date Appointed:

Chairperson's Name:

Address:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address:

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: **6/26/2010 5:20:09 PM** Signature of Candidate: **Dan N. Manning**[Print this form](#) or [Go Back](#)

[Print this form or Go Back](#)



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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) Initial Appointment Amended Statement

Candidate

Candidate Name: **Dan Manning**
Address: **1460 N Clarence AVE APT 203**
City: **Wichita** Zip: **67203**
Home Phone: Business Phone: Cell Phone: **3162852728**
County: **Sedgwick** Email Address: **manningforkansas91@gmail.com**
Office Sought: **State Representative** District No.: **91**

Treasurer

Date Appointed: **01/08/2010**
Treasurer Name: **Michelle Drake**
Address: **7902 E Watson LN**
City: **Wichita** State: **KS** Zip: **67207**
Home Telephone: Business Phone: Cell Phone:
Email Address: **dharma29@sbcglobal.net**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **1/8/2010 6:54:56 AM** Signature of Candidate: **Dan N Manning**

[Print this form or Go Back](#)