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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: **Michael Capps**  
Address: **3103 N Gouverneur St**  
Address2:  
City: **Wichita** Zip: **67226**  
Home Phone: Business Phone: **(316) 512-8890** Cell Phone:  
County: **Sedgwick** Email Address: **cappsm@cappsforkansas.com**  
Office Sought: **State Representative** District No.: **85**

**Treasurer** Date Appointed: **06/01/2018**  
Treasurer Name: **Danielle Baughman**  
Address: **219 N Nevada**  
Address2:  
City: **Wichita** State: **KS** Zip: **67212**  
Home Telephone: Business Phone: Cell Phone: **(316) 299-8141**  
Email Address: **danielle.baughman@yahoo.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: **6/1/2019 10:48:54 AM** Signature of Candidate: **Michael Capps**

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

**Candidate** Candidate Name: **Michael Capps**  
Address: **3103 N Gouverneur St**  
Address2:  
City: **Wichita** Zip: **67226**  
Home Phone: **(316) 512-5880** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **cappsm@votecapps.com**  
Office Sought: **State Representative** District No.: **85**

**Treasurer** Date Appointed: **06/01/2018**  
Treasurer Name: **Lisa Rey**  
Address: **2145 S Ellis St**  
Address2:  
City: **Wichita** State: **KS** Zip: **67211**  
Home Telephone: **(316) 204-6180** Business Phone: Cell Phone:  
Email Address: **lisarey@lmaircraft.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: **6/18/2018 2:31:49 PM** Signature of Candidate: **Michael Capps**

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