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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 Gouverneour 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: **10/01/2018**
Treasurer Name: **Charles Capps**
Address: **3103 N Gouverneour St**
Address2:
City: **Wichita** State: **KS** Zip: **67226**
Home Telephone: Business Phone: Cell Phone: **(316) 213-4989**
Email Address: **chaz.capps@me.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: **12/31/2019 11:29:20 AM** Signature of Candidate: **Michael Capps**

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Candidate Candidate Name: **Michael Capps**
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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 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: **6/1/2019 10:48:54 AM** Signature of Candidate: **Michael Capps**

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