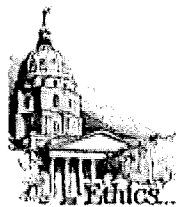


[Print this form](#) or [Go Back](#)



**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: **Chad Smith**  
Address: **3329 N Brush Creek Cir**  
Address2:  
City: **Wichita** Zip: **67205**  
Home Phone: **(316) 712-4310** Business Phone: Cell Phone:  
County: **Sedgwick** Email Address: **chad@nosпам.me**  
Office Sought: **State Representative** District No.: **100**

**Treasurer** Date Appointed: **06/01/2020**  
Treasurer Name: **Emily Millsbaugh**  
Address: **1920 N Socora**  
Address2:  
City: **Wichita** State: **KS** Zip: **67212**  
Home Telephone: Business Phone: Cell Phone: **(316) 393-5961**  
Email Address: **emily.lucille1@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: **6/15/2020 11:46:33 AM** Signature of Candidate: **Chad Smith**

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