

[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: **Michelle D Snyder**
Address: **5334 W Douglas Ave**
Address2:
City: **Wichita** Zip: **67212**
Home Phone: Business Phone: Cell Phone: **(316) 670-9426**
County: **Sedgwick** Email Address: **snyderforkansas@gmail.com**
Office Sought: **State Representative** District No.: **105**

Treasurer Date Appointed: **05/27/2020**
Treasurer Name: **Joel Davis**
Address: **3769 Whispering Brook Ct**
Address2:
City: **Wichita** State: **KS** Zip: **67220**
Home Telephone: Business Phone: Cell Phone: **(316) 295-0702**
Email Address: **joeldavis08@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: **7/20/2020 9:32:56 AM** Signature of Candidate: **Michelle Snyder**

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

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

RECEIVED
MAY 28 2020
SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE
(Please Type or Print)

Name	Michelle Snyder		
Street	5334 W. Douglas Ave		
City	Wichita	County	Sedgwick
		Zip Code	67212
Home Telephone	316-670-9426	Business Telephone	316-799-2511
Office Sought	House Rep	District No.	105

TREASURER

Date Appointed	05/17/2020		
Name	Joel Davis		
Address	3769 Whispering Brook Ct		
City	Wichita	Zip Code	67220
Home Telephone	316-295-0702	Business Telephone	

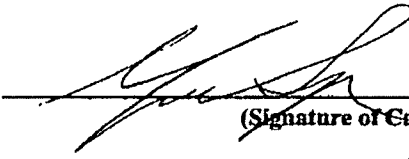
OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

SIGNATURE

"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."

5/17/20
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS