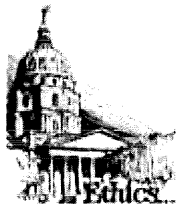


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Nick J Hoheisel**

Address: **3731 W Angel**

Address2:

City: **Wichita** Zip: **67217**

Home Phone: **(316) 207-3037** Business Phone: Cell Phone:

County: **Sedgwick** Email Address: **Hoheiselforkansas@gmail.com**

Office Sought: **State Representative** District No.: **97**

Treasurer

Date Appointed: **09/16/2015**

Treasurer Name: **Misti Storment**

Address: **3731 W Angel**

Address2:

City: **Wichita** State: **KS** Zip: **67217**

Home Telephone: **(316) 207-6060** Business Phone: Cell Phone:

Email Address: **Mististorment@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: **5/3/2023 1:56:23 PM** Signature of Candidate: **Nick Hoheisel**

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Candidate Candidate Name: **Nick J Hoheisel**
Address: **3731 W Angel**
Address2:
City: **Wichita** Zip: **67217**
Home Phone: **(316) 207-3037** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **Hoheiselforkansas@gmail.com**
Office Sought: **State Representative** District No.: **97**

Treasurer Date Appointed: **09/16/2015**
Treasurer Name: **Misti Storment**
Address: **3130 S Richmond**
Address2:
City: **Wichita** State: **KS** Zip: **67217**
Home Telephone: **(316) 207-6060** Business Phone: Cell Phone:
Email Address: **Mististorment@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:

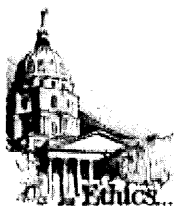
Email Address:

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Executed on:

Date: **1/10/2023 8:37:56 PM** Signature of Candidate: **Nick Hoheisel**

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Candidate Candidate Name: **Nick J Hoheisel**

Address: **3731 W Angel**

Address2:

City: **Wichita** Zip: **67217**

Home Phone: **(316) 207-3037** Business Phone: Cell Phone:

County: **Sedgwick** Email Address: **nickhoheisel@gmail.com**

Office Sought: **State Representative** District No.: **97**

Treasurer Date Appointed: **07/02/2021**

Treasurer Name: **Misti Hoheisel**

Address: **3731 W Angel**

Address2:

City: **Wichita** State: **KS** Zip: **67217**

Home Telephone: **(316) 207-6060** Business Phone: Cell Phone:

Email Address: **Mististorment@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:

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Executed on:

Date: **7/2/2021 2:19:22 PM** Signature of Candidate: **Nick Hoheisel**

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