

[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: **Silas J Miller**
Address: **203 S Lorraine Ave**
Address2:
City: **Wichita** Zip: **67211**
Home Phone: Business Phone: Cell Phone: **(316) 554-6404**
County: **Sedgwick** Email Address: **silasjmillergmail.com**
Office Sought: **State Representative** District No.: **86**

Treasurer

Date Appointed: **01/10/2023**
Treasurer Name: **Bailey Miller**
Address: **203 S Lorraine Ave**
Address2:
City: **Wichita** State: **KS** Zip: **67211**
Home Telephone: Business Phone: Cell Phone: **(316) 755-6503**
Email Address: **baileyrussell78gmail.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: **1/10/2023 9:13:25 PM** Signature of Candidate: **Silas Miller**



**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: **Silas J Miller**
Address: **203 S Lorraine Ave**
Address2:
City: **Wichita** Zip: **67211**
Home Phone: Business Phone: Cell Phone: **(316) 554-6404**
County: **Sedgwick** Email Address: **silasjmiller@gmail.com**
Office Sought: **State Representative** District No.: **86**

Treasurer Date Appointed: **06/10/2022**
Treasurer Name: **Christina Hoheisel**
Address: **2032 S Terrace Dr**
Address2:
City: **Wichita** State: **KS** Zip: **67218**
Home Telephone: Business Phone: Cell Phone: **(316) 259-8714**
Email Address: **christinacoldiron@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: **7/25/2022 8:45:17 AM** Signature of Candidate: **Silas J Miller**