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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 L Snider**
Address: **8701 E Brookhollow Lane**
Address2:
City: **Wichita** Zip: **67206**
Home Phone: **(316) 685-6306** Business Phone: **(316) 686-6113** Cell Phone: **(316) 619-7589**
County: **Sedgwick** Email Address: **mikenjoan@gmail.com**
Office Sought: **State Representative** District No.: **87**

Treasurer

Date Appointed: **01/12/2024**
Treasurer Name: **Margaret Stranghoner**
Address: **101 N Ridgewood Drive**
Address2:
City: **Wichita** State: **KS** Zip: **67208**
Home Telephone: **(316) 689-8464** Business Phone: **(316) 686-6113** Cell Phone: **(316) 650-5078**
Email Address: **maggiestranghoner@gmail.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: **1/12/2024 5:28:17 PM** Signature of Candidate: **Michael L. Snider**