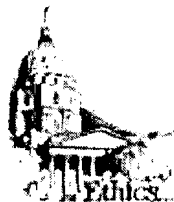


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate** Candidate Name: **Michelle Vann**  
Address: **5045 West 81st Street North**  
Address2:  
City: **Valley Center** Zip: **67147**  
Home Phone: Business Phone: Cell Phone: **(316) 806-2280**  
County: **Sedgwick** Email Address: **vann4senate@gmail.com**  
Office Sought: **State Senator** District No.: **31**

**Treasurer** Date Appointed: **06/08/2016**  
Treasurer Name: **Jolanda D Hamilton**  
Address: **2327 N Chelmsford St**  
Address2:  
City: **Wichita** State: **KS** Zip: **67228**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **monece36@gmail.com**

**Candidate Committee** Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

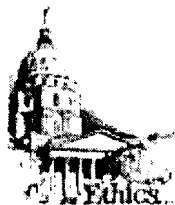
Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**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: **6/12/2016 11:00:11 PM** Signature of Candidate: **J. Michelle Vann**

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Treasurer Name: **Jolanda D Haley**  
Address: **2327 N Chelmsford St**  
Address2:  
City: **Wichita** State: **KS** Zip: **67228**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **vann4senate@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: **6/8/2016 12:31:24 AM** Signature of Candidate: **J. Michelle Vann**

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