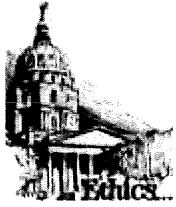


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **David G Miller**
Address: **2901 Atchison Cir**
Address2:
City: **Lawrence** Zip: **66047**
Home Phone: **(785) 856-1656** Business Phone: Cell Phone:
County: **Douglas** Email Address: **dgm67@outlook.com**
Office Sought: **State Senator** District No.: **2**

Treasurer

Date Appointed: **06/18/2024**
Treasurer Name: **Michelle Eagleman**
Address: **3018 W. 29th Terr.**
Address2:
City: **Lawrence** State: **KS** Zip: **66047**
Home Telephone: **(785) 843-4596** Business Phone: Cell Phone: **(785) 393-0038**
Email Address: **meagleman@sbcglobal.net**

**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: **7/25/2024 8:43:45 AM** Signature of Candidate: **David G Miller**

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

RECEIVED
JUN 20 2024

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

KS Governmental Ethics Commission

CANDIDATE

Name <u>David G. Miller</u>			
Mailing Address <u>PO box 3073</u>			
City <u>Lawrence</u>	County <u>Douglas</u>	Zip Code <u>66046</u>	
Telephone <u>(785) 856 1656</u>	Email <u>miller@sunflower.com</u>		
Office Sought <u>Senate</u>	District No. <u>2</u>		

TREASURER

Date Appointed <u>June 12, 2024 to</u>			
Name <u>Michelle Eagleman</u>			
Mailing Address <u>3018 West 29th Terrace</u>			
City <u>Lawrence</u>	Zip Code <u>66047</u>		
Telephone	Email <u>meagleman@proformail.com</u>		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

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."

18 June 2024 to
(Date)

David G. Miller
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS