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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: **Mary Ware**  
Address: **1444 N. Perry**  
Address2:  
City: **Wichita** Zip: **67203**  
Home Phone: **(316) 200-8365** Business Phone: Cell Phone:  
County: Email Address: **iamwareits@gmail.com**  
Office Sought: **State Senator** District No.: **25**

**Treasurer**

Date Appointed: **08/09/2023**  
Treasurer Name: **Diane Britton**  
Address: **3826 W. 18th**  
Address2:  
City: **Wichita** State: **KS** Zip: **67203**  
Home Telephone: **(316) 609-8784** Business Phone: Cell Phone:  
Email Address: **dybritton@hotmail.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: **8/9/2023 7:11:20 PM** Signature of Candidate: **Mary Ware**

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Address2:  
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Home Phone: **(316) 200-8365** Business Phone: Cell Phone:  
County: Email Address: **iamwareits@gmail.com**  
Office Sought: **State Senator** District No.: **25**

**Treasurer** Date Appointed: **12/03/2018**  
Treasurer Name: **Tom James**  
Address: **1444 N. Perry**  
Address2:  
City: **Wichita** State: **KS** Zip: **67203**  
Home Telephone: **(316) 393-4555** Business Phone: Cell Phone:  
Email Address: **tomjames@cox.net**

**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: **1/10/2019 12:04:46 PM** Signature of Candidate: **Tom James**

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