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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: **Shanna Henry**
Address: **15614 SE 22 St.**
Address2:
City: **Cheney** Zip: **67025**
Home Phone: **(316) 540-0055** Business Phone: Cell Phone:
County: **Kingman** Email Address: **shanna4kansas@gmail.com**
Office Sought: **State Senator** District No.: **34**

Treasurer

Date Appointed: **06/05/2020**
Treasurer Name: **Carol Moore**
Address: **9820 Golf Green Court**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone: **(620) 669-7111**
Email Address: **moorecl412@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:

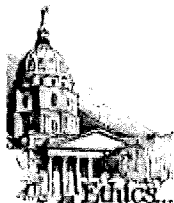
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **6/12/2024 11:02:29 AM** Signature of Candidate: **Shanna Henry**

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Address2:
City: **Cheney** Zip: **67025**
Home Phone: **(316) 540-0055** Business Phone: Cell Phone:
County: **Kingman** Email Address: **shanna4kansas@gmail.com**
Office Sought: **State Senator** District No.: **34**

Treasurer Date Appointed: **06/05/2020**
Treasurer Name: **Jon Powell**
Address: **2602 Heather Pkwy**
Address2:
City: **Hutchinson** State: **KS** Zip: **67502**
Home Telephone: Business Phone: Cell Phone:
Email Address: **powell462@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: **6/5/2020 3:35:44 PM** Signature of Candidate: **Shanna Henry**

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