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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 Nickens**

Address: **605 Highland Ridge Dr**

Address2: **Unit 9208**

City: **Manhattan** Zip: **66503**

Home Phone: Business Phone: Cell Phone: **(810) 887-0516**

County: Email Address: **mikenickens92@yahoo.com**

Office Sought: **Governor** District No.:

Treasurer Date Appointed: **11/08/2021**

Treasurer Name: **Michael Nickens**

Address: **605 Highland Ridge Dr**

Address2: **Unit 9208**

City: **Manhattan** State: **KS** Zip: **66503**

Home Telephone: Business Phone: Cell Phone: **(810) 887-0516**

Email Address: **mikenickens92@yahoo.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: **11/8/2021 3:24:03 PM** Signature of Candidate: **Michael Nickens**

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