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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: **Chris D Mann**  
Address: **3514 Clinton PKWY**  
Address2: **A108**  
City: **Lawrence** Zip: **66047**  
Home Phone: Business Phone: **(785) 251-0877** Cell Phone:  
County: **Douglas** Email Address: **info@chrismannforkansas.com**  
Office Sought: **Attorney General** District No.: **2**

**Treasurer** Date Appointed: **09/21/2021**  
Treasurer Name: **Tai Vokins**  
Address: **831 Massachusetts**  
Address2: **PO Box 766**  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: Business Phone: **(785) 842-6311** Cell Phone:  
Email Address: **tvokins@sloanlawfirm.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: **1/10/2023 1:58:22 PM** Signature of Candidate: **Chris Mann**

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County: **Douglas** Email Address: **info@chrismannforkansas.com**  
Office Sought: **Attorney General** District No.: **2**

**Treasurer** Date Appointed: **09/21/2021**  
Treasurer Name: **Tai Vokins**  
Address: **PO Box 3241**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: Business Phone: **(785) 218-5320** Cell Phone:  
Email Address: **taivokins@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: **10/4/2021 3:33:10 PM** Signature of Candidate: **Chris D. Mann**

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Treasurer Name: **Tai Vokins**  
Address: **831 Massachusetts**  
Address2: **Suite B**  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: Business Phone: **(785) 842-6311** Cell Phone:  
Email Address: **tvokins@sloanlawfirm.com**

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**Committee** Chairperson's Name:  
Address:  
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Email Address:

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

Email Address:

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Executed on:

Date: **9/21/2021 12:34:53 PM** Signature of Candidate: **Chris Mann**

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