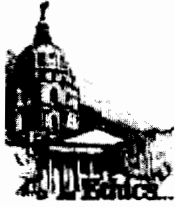


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **Valdenia C Winn**
Address: **P.O. Box 12327**
Address2:
City: **Kansas City** Zip: **66112**
Home Phone: **(913) 669-5524** Business Phone: Cell Phone: **(913) 669-5524**
County: **Wyandotte** Email Address: **Valdenia.Winn@house.ks.gov**
Office Sought: **State Representative** District No.: **34**

Treasurer

Date Appointed: **06/01/2000**
Treasurer Name: **Valdenia Winn**
Address: **P.O. Box 12327**
Address2:
City: **Kansas City** State: **KS** Zip: **66112**
Home Telephone: Business Phone: Cell Phone:
Email Address: **Valdenia.Winn@house.ks.gov**

**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 2:08:32 PM** Signature of Candidate: **Valdenia C. Winn**

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

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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: **Valdenia C Winn**

Address: **1044 Washington Blvd**

Address2:

City: **Kansas City** Zip: **66102**

Home Phone: **(913) 669-5524** Business Phone: Cell Phone: **(913) 669-5524**

County: **Wyandotte** Email Address: **vwinn1236@att.net**

Office Sought: **State Representative** District No.: **34**

Treasurer Date Appointed: **06/01/2000**

Treasurer Name: **Valdenia Winn**

Address: **P.O. Box 12327**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: Business Phone: Cell Phone:

Email Address: **Valdenia.Winn@house.ks.gov**

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: **6/1/2022 8:34:58 AM** Signature of Candidate: **Valdenia C. Winn**