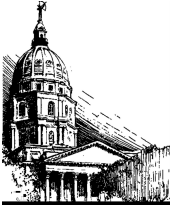


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## Campaign Finance Appointment of Treasurer or Candidate Committee Form For Candidate For State Office

Kansas Public Disclosure Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
<https://kpdcc.kansas.gov/>

This is an (Check one)  Initial Appointment  Amended Statement

### Candidate

Candidate Name: **Silas J Miller**  
Address: **3030 E English St**  
Address2:  
City: **Wichita** Zip: **67211**  
Home Phone: **(316) 554-6404** Business Phone: **(316) 350-7350** Cell Phone: **(316) 554-6404**  
County: **Sedgwick** Email Address: **silasjmillergmail.com**  
Office Sought: **State Representative** District No.: **86**

### Treasurer

Date Appointed: **10/09/2025**  
Treasurer Name: **Silas Miller**  
Address: **3030 E English St**  
Address2:  
City: **Wichita** State: **KS** Zip: **67211**  
Home Telephone: **(316) 554-6404** Business Phone: **(316) 350-7350** Cell Phone: **(316) 554-6404**  
Email Address: **silasjmillergmail.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: **10/9/2025 11:24:56 AM** Signature of Candidate: **Silas J Miller**

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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: **Silas J Miller**  
Address: **203 S Lorraine Ave**  
Address2:  
City: **Wichita** Zip: **67211**  
Home Phone: Business Phone: Cell Phone: **(316) 554-6404**  
County: **Sedgwick** Email Address: **silasjmillergmail.com**  
Office Sought: **State Representative** District No.: **86**

**Treasurer**

Date Appointed: **01/10/2023**  
Treasurer Name: **Bailey Miller**  
Address: **203 S Lorraine Ave**  
Address2:  
City: **Wichita** State: **KS** Zip: **67211**  
Home Telephone: Business Phone: Cell Phone: **(316) 755-6503**  
Email Address: **baileyrussell78gmail.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: **1/10/2023 9:13:25 PM** Signature of Candidate: **Silas Miller**



**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: **Silas J Miller**  
Address: **203 S Lorraine Ave**  
Address2:  
City: **Wichita** Zip: **67211**  
Home Phone: Business Phone: Cell Phone: **(316) 554-6404**  
County: **Sedgwick** Email Address: **silasjmillergmail.com**  
Office Sought: **State Representative** District No.: **86**

**Treasurer** Date Appointed: **06/10/2022**  
Treasurer Name: **Christina Hoheisel**  
Address: **2032 S Terrace Dr**  
Address2:  
City: **Wichita** State: **KS** Zip: **67218**  
Home Telephone: Business Phone: Cell Phone: **(316) 259-8714**  
Email Address: **christinacoldiron@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: **7/25/2022 8:45:17 AM** Signature of Candidate: **Silas J Miller**