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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: **John M Toplikar**
Address: **507 E Spruce**
Address2:
City: **Olathe** Zip: **66061**
Home Phone: **(913) 780-5908** Business Phone: Cell Phone:
County: **Johnson** Email Address: **johntoplikar@gmail.com**
Office Sought: **State Representative** District No.: **15**

Treasurer Date Appointed: **01/31/2014**
Treasurer Name: **Tim Golba**
Address: **10101 Theden Circle**
Address2:
City: **Lenexa** State: **KS** Zip: **66220**
Home Telephone: **(913) 782-8647** Business Phone: Cell Phone:
Email Address: **mrtrg2@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: **7/30/2018 11:22:34 PM** Signature of Candidate: **John M. Toplikar**

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**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

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This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

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CANDIDATE

APR 10 2018

Name	JOHN TOPLIKAR		
Street	507 E. SPRUCE		
City	OLATHE	County	JOHNSON
		Zip Code	66061
Home Telephone	913-780-5908	Business Telephone	913-207-6928
Office Sought	STATE REPRESENTATIVE		District No. 15TH

TREASURER

Date Appointed	4-9-2018		
Name	JOHN TOPLIKAR		
Address	507 E. SPRUCE		
City	OLATHE	Zip Code	66061
Home Telephone	913-780-5908	Business Telephone	

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone		Business Telephone	

SIGNATURE

"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."

4-9-2018
(Date)

John M Toplikar
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS