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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: **01/10/2019**  
Treasurer Name: **John Toplikar**  
Address: **507 E. Spruce St.**  
Address2:  
City: **Olathe** State: **KS** Zip: **66061**  
Home Telephone: **(913) 780-5908** Business Phone: Cell Phone:  
Email Address: **johntoplikar@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: **1/25/2020 12:25:29 PM** Signature of Candidate: **John Toplikar**

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Office Sought: **State Representative** District No.: **15**

**Treasurer** Date Appointed: **01/10/2019**  
Treasurer Name: **John Toplikar**  
Address: **507 E. Spruce St.**  
Address2:  
City: **Olathe** State: **KS** Zip: **66061**  
Home Telephone: **(913) 780-5908** Business Phone: Cell Phone:  
Email Address: **johntoplikar@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: **1/10/2020 9:24:47 AM** Signature of Candidate: **John M. Toplikar**

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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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