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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: **Kirk R Haskins**

Address: **1035 SW Ashworth Rd**

Address2:

City: **Topeka** Zip: **66604**

Home Phone: **(785) 250-5634** Business Phone: **(785) 289-8530** Cell Phone:

County: **Shawnee** Email Address: **haskinsforkansas@gmail.com**

Office Sought: **State Representative** District No.: **53**

**Treasurer** Date Appointed: **06/21/2022**

Treasurer Name: **Nick Kramer**

Address: **6540 SW 24th Ct**

Address2:

City: **Topeka** State: **KS** Zip: **66614**

Home Telephone: **(785) 817-8459** Business Phone: Cell Phone:

Email Address: **nick@haskinsforkansas.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: **7/11/2022 11:50:37 AM** Signature of Candidate: **Kirk R Haskins**

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

**FILED**  
JUN 10 2022  
SCOTT SCHWAB  
SECRETARY OF STATE

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

**CANDIDATE**

Name	Kirk R. Haskins		
Mailing Address	1035 SW Ashworth Rd		
City	County	Zip Code	
Topeka	Shawnee	66604	
Telephone	Email	haskinskirk@gmail.com	
785.250.5634			
Office Sought	District No.		
St. House Rep	53		

**TREASURER**

Date Appointed	6/10/22		
Name	Kirk R. Haskins		
Mailing Address	1035 SW Ashworth Rd		
City		Zip Code	(same)
Topeka			
Telephone		Email	//

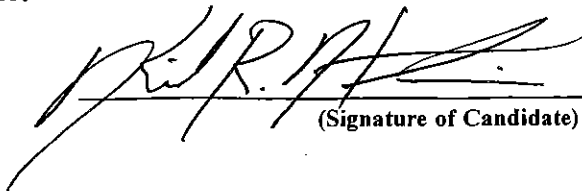
**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Mailing Address			
City		Zip Code	
Telephone		Email	
Treasurer's Name			
Mailing Address			
City		Zip Code	
Telephone		Email	

**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."

6/10/22  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS