

[Print this form](#) or [Go Back](#)



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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate

Candidate Name: **Derek Schmidt**
Address: **P.O. Box 747**
City: **Independence** Zip: **67301**
Home Phone: Business Phone: Cell Phone:
County: **Montgomery** Email Address: **derek@derekschmidt.com**
Office Sought: **State Senator** District No.: **15**

Treasurer

Date Appointed: **02/02/2009**
Treasurer Name: **Tyson Denton**
Address: **P.O. Box 747**
City: **Independence** State: **KS** Zip: **67301**
Home Telephone: Business Phone: Cell Phone:
Email Address: **derek@derekschmidt.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **2/2/2009 11:50:34 AM** Signature of Candidate: **Derek L. Schmidt**

[Print this form](#) or [Go Back](#)

[Print](#) this form or [Go Back](#)



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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Candidate

Candidate Name: **Derek Schmidt**
Address: **P.O. Box 747**
City: **Independence** Zip: **67301**
Home Phone: Business Phone: Cell Phone:
County: **Montgomery** Email Address: **derek@derekschmidt.com**
Office Sought: **State Senator** District No.: **15**

Treasurer

Date Appointed: **05/11/2004**
Treasurer Name: **Chris Confer**
Address: **000 . P.O. Box 747**
City: **Independence** State: **KS** Zip: **67301**
Home Telephone: Business Phone: Cell Phone:
Email Address: **derek@derekschmidt.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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:

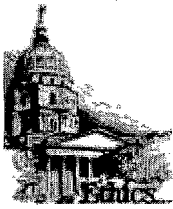
Date: **7/27/2008 6:14:16 PM** Signature of Candidate: **Derek L Schmidt**

[Print](#) this form or [Go Back](#)

RECEIVED

Thank you, your filing has been sent to GEC.
Print this form or Proceed to log in

JUL 18 2008



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

KS Governmental Ethics Commission

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Candidate

Candidate Name: **Derek Schmidt**
Address: **1303 Birdie DR P.O. Box 747**
City: **Independence** Zip: **67301**
Home Phone: Business Phone: Cell Phone:
County: **Montgomery** Email Address: **derek@derekschmidt.com**
Office Sought: **State Senator** District No.: **15**

Treasurer

Date Appointed: **05/11/2004**
Treasurer Name: **Chris Confer**
Address: **000 . P.O. Box 747**
City: **Independence** State: **KS** Zip: **67301**
Home Telephone: Business Phone: Cell Phone:
Email Address: **derek@derekschmidt.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
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: **7/16/2008 10:23:03 PM** Signature of Candidate: **Derek Schmidt**

Print this form or Proceed to log in

FILED

MAY 11 2004

RON THORNBURGH
SECRETARY OF STATE

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)

☐

Initial Appointment

☒

Amended Statement

CANDIDATE

(Please Type or Print)

Name	DEREK SCHMIDT			
Street	P.O. Box 747			
City	INDEPENDENCE	County	MO	
Zip Code	67301			
Home Telephone	620/331-3728	Business Telephone	620/331-1800	
Office Sought	STATE SENATE		District No.	15

TREASURER

Date Appointed	5/11/04		
Name	CHRIS CONFER		
Address	P.O. Box 747		
City	INDEPENDENCE	Zip Code	67301
Home Telephone	Business Telephone 620/331-1800		

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."

5/11/04
(Date)Derek Schmidt
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS