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**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: **Thomas K Arpke**
Address: **512 West Iron Avenue**
Address2:
City: **Salina** Zip: **67401-2776**
Home Phone: **(785) 827-8940** Business Phone: **(785) 820-6138** Cell Phone: **(785) 820-6138**
County: **Saline** Email Address: **tkarpke@sbcglobal.net**
Office Sought: **State Senator** District No.: **24**

Treasurer

Date Appointed: **10/03/2011**
Treasurer Name: **Jim DuBois**
Address: **400 East Kirwin**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 342-4094** Business Phone: **(785) 342-4094** Cell Phone:
Email Address: **jdubois210@att.net**

**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:
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.

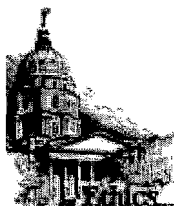
Executed on:

Date: **12/2/2011 10:50:58 AM** Signature of Candidate: **Thomas K Arpke**

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Thank you, your filing has been sent to GEC.

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

Candidate

Candidate Name: **Thomas Arpke**
Address: **512 W Iron AVE**
City: **Salina** State: Zip: **67401**
Home Phone: **7858278940** Business Phone: **7858206138** Cell Phone: **7858206138**
County: **Saline** Email Address: **tkarpke@hotmail.com**
Office Sought: **State Senator** District No.: **24**

Treasurer

Date Appointed: **06/11/2008**
Treasurer Name: **Delores Longenecker**
Address: **425 W Kirwin AVE**
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **7858257512** Business Phone: **7858237231** Cell Phone: **7858192378**
Email Address: **ladybug20@sbcglobal.net**

**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: **6/12/2008 10:45:36 AM** Signature of Candidate: **Thomas K Arpke**

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