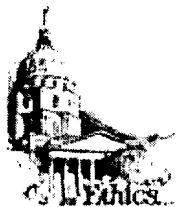


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

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: **DON SHIMKUS**

Address: **301 N PACIFIC**

Address2:

City: **OXFORD** Zip: **67119**

Home Phone: **(620) 455-3452** Business Phone: Cell Phone:

County: **Sumner** Email Address: **don@donshimkus.com**

Office Sought: **State Senator** District No.: **32**

Treasurer Date Appointed: **11/20/2015**

Treasurer Name: **TERRI BROWNING**

Address: **P.O.BOX 383**

Address2:

City: **OXFORD** State: **KS** Zip: **67119**

Home Telephone: **(620) 455-2596** Business Phone: Cell Phone:

Email Address: **lovepoejrr@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:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

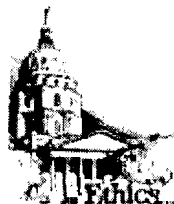
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **11/22/2015 8:44:03 PM** Signature of Candidate: **Donald T. Shimkus**

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

Candidate Candidate Name: **DON SHIMKUS**
Address: **301 N PACIFIC**
Address2:
City: **OXFORD** Zip: **67119**
Home Phone: **(620) 455-3452** Business Phone: Cell Phone:
County: **Sumner** Email Address: **don@donshimkus.com**
Office Sought: **State Senator** District No.: **32**

Treasurer Date Appointed: **11/18/2015**
Treasurer Name: **DON SHIMKUS**
Address: **301 N PACIFIC**
Address2:
City: **OXFORD** State: **KS** Zip: **67119**
Home Telephone: **(620) 455-3452** Business Phone: Cell Phone:
Email Address: **don@donshimkus.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:
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: **11/18/2015 11:22:37 AM** Signature of Candidate: **Donald T. Shimkus**

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