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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: **Dustin Brinkman**
Address: **PO Box 65**
Address2:
City: **Hoyt** Zip: **66440**
Home Phone: Business Phone: Cell Phone: **(785) 580-9724**
County: **Jackson** Email Address: **db@dustinbrinkman.com**
Office Sought: **State Senator** District No.: **1**

Treasurer Date Appointed: **01/10/2019**
Treasurer Name: **Emily Brinkman**
Address: **605 Central Ave**
Address2:
City: **Hoyt** State: **KS** Zip: **66440**
Home Telephone: Business Phone: Cell Phone: **(913) 205-6448**
Email Address: **emily@dustinbrinkman.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: **1/10/2019 8:06:21 PM** Signature of Candidate: **Dustin Brinkman**

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Address: **605 Central Ave**
Address2:
City: **Hoyt** Zip: **66440**
Home Phone: Business Phone: Cell Phone: **(785) 580-9724**
County: **Jackson** Email Address: **dustin@dustinbrinkman.com**
Office Sought: **State Senator** District No.: **1**

Treasurer Date Appointed: **01/04/2018**
Treasurer Name: **Emily Brinkman**
Address: **605 Central Ave**
Address2:
City: **Hoyt** State: **KS** Zip: **66440**
Home Telephone: Business Phone: Cell Phone: **(913) 205-6448**
Email Address: **emily@dustinbrinkman.com**

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:
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: **1/4/2018 9:11:15 PM** Signature of Candidate: **Dustin R Brinkman**

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