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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: **Kris W Kobach**
Address: **4701 N 130th ST**
Address2:
City: **Piper** Zip: **66109**
Home Phone: **(913) 721-1272** Business Phone: **(913) 638-5567** Cell Phone: **(913) 638-5567**
County: **Wyandotte** Email Address: **kkobach@gmail.com**
Office Sought: **Secretary of State** District No.:

Treasurer

Date Appointed: **11/14/2011**
Treasurer Name: **Merilee Martin**
Address: **2030 SW Sims**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: **(785) 633-0240** Business Phone: Cell Phone:
Email Address: **merileemartin@cox.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: **1/9/2012 2:27:38 PM** Signature of Candidate: **Kris W. Kobach**

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Candidate Candidate Name: **Kris Kobach**
Address: **4701 N 130th St**
Address2:
City: **Piper** Zip: **66109**
Home Phone: **(913) 721-1272** Business Phone: **(913) 638-5567** Cell Phone: **(913) 638-5567**
County: **Wyandotte** Email Address: **kobachk@umkc.edu**
Office Sought: **Secretary of State** District No.:

Treasurer Date Appointed: **11/07/2011**
Treasurer Name: **Merilee Martin**
Address: **2030 SW Sims Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: Business Phone: Cell Phone: **(785) 633-0240**
Email Address: **commtreasurer@gmail.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:
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: **11/14/2011 8:01:25 PM** Signature of Candidate: **Kris Kobach**

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Candidate

Candidate Name: **Kris Kobach**
Address: **4701 N 130th ST**
City: **Piper** Zip: **66109**
Home Phone: **9137211272** Business Phone: **9136385567** Cell Phone: **9136385567**
County: **Wyandotte** Email Address: **kobachk@umkc.edu**
Office Sought: **Secretary of State** District No.:

Treasurer

Date Appointed: **12/15/2008**
Treasurer Name: **Thomas Arpke**
Address: **512 W Iron AVE**
City: **Salina** State: **KS** Zip: **67401-2776**
Home Telephone: **7858278940** Business Phone: **7858206138** Cell Phone: **7858206138**
Email Address: **arpke.wv@live.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: **1/7/2009 10:01:57 AM** Signature of Candidate: **Kris W. Kobach**

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FILED

DEC 15 2008

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	KRIS KOBACH		
Street	4701 N. 130TH ST.		
City	PIPER	County	WYANDOTTE Zip Code 66109
Home Telephone	913-721-1272	Business Telephone	913-638-5567
Office Sought	SECRETARY OF STATE		District No. N/A

TREASURER

Date Appointed			
Name	THOMAS ARPKE		
Address	512 W. IRON AVE.		
City	SALINEA	Zip Code	67401
Home Telephone	785-827-8940	Business Telephone	785-820-6138

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."

December 15, 2008
(Date)

Kris W. Kobach
(Signature of Candidate)

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