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

Treasurer

Date Appointed: **06/09/2025**
Treasurer Name: **Thomas Arpke**
Address: **512 West Iron Avenue**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: Business Phone: Cell Phone: **(785) 820-6138**
Email Address: **tkarpke@hotmail.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: **6/9/2025 7:58:03 PM** Signature of Candidate: **Thomas K Arpke**

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