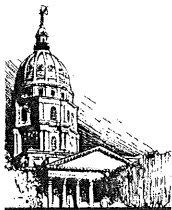


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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Kansas Public Disclosure Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
<https://kpdcc.kansas.gov/>

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

Candidate

Candidate Name: **John K Burke**
Address: **1102 N SANDPLUM LN**
Address2:
City: **WICHITA** Zip: **67212**
Home Phone: **(316) 207-2105** Business Phone: Cell Phone:
County: Email Address: **johnburkeforkansas@gmail.com**
Office Sought: **State Representative** District No.: **105**

Treasurer

Date Appointed: **07/15/2026**
Treasurer Name: **Shari Burke**
Address: **1102 N SANDPLUM LN**
Address2:
City: **WICHITA** State: **KS** Zip: **67212**
Home Telephone: **(316) 207-2105** Business Phone: Cell Phone:
Email Address: **sburke1958@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:
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: **7/15/2026 10:11:32 AM** Signature of Candidate: **JOHN BURKE**

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