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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: **Mark A Samsel**  
Address: **404 S Elm St**  
Address2:  
City: **Wellsville** Zip: **66092**  
Home Phone: **(785) 418-4962** Business Phone: **(913) 451-5122** Cell Phone: **(785) 418-4962**  
County: **Franklin** Email Address: **mark@marksamsel.org**  
Office Sought: **State Representative** District No.: **5**

**Treasurer** Date Appointed: **12/18/2017**  
Treasurer Name: **Barbara Patton**  
Address: **3162 Texas Road**  
Address2:  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: **(785) 242-2853** Business Phone: **(785) 883-2057** Cell Phone:  
Email Address: **bpatton@usd289.org**

**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: **7/27/2018 1:06:55 PM** Signature of Candidate: **Mark Samsel**

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

**Candidate** Candidate Name: **MARK A SAMSEL**  
Address: **227 EDGEWOOD DRIVE**  
Address2:  
City: **WELLSVILLE** Zip: **66092**  
Home Phone: **(785) 418-4962** Business Phone: **(913) 451-5122** Cell Phone: **(785) 418-4962**  
County: **Franklin** Email Address: **msamsel@lathropgagage.com**  
Office Sought: **State Representative** District No.: **5**

**Treasurer** Date Appointed: **12/18/2017**  
Treasurer Name: **Barbara Patton**  
Address: **3162 Texas Road**  
Address2:  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: **(785) 242-2853** Business Phone: **(785) 883-2057** Cell Phone:  
Email Address: **bpatton@usd289.org**

**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: **1/10/2018 3:03:09 PM** Signature of Candidate: **MARK SAMSEL**

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