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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: **508 E 4th St**
Address2:
City: **Wellsville** Zip: **66092**
Home Phone: **(785) 418-4962** Business Phone: Cell Phone: **(785) 418-4962**
County: **Franklin** Email Address: **mark@marksamsel.org**
Office Sought: **State Representative** District No.: **5**

Treasurer Date Appointed: **05/27/2020**
Treasurer Name: **Nate Wiehl**
Address: **8 Country Club Lane**
Address2:
City: **Garnett** State: **KS** Zip: **66032**
Home Telephone: Business Phone: Cell Phone: **(785) 204-2178**
Email Address: **nwiehl@auburnpharmacies.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:

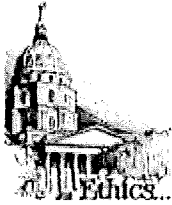
Email Address:

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: **1/10/2021 5:16:49 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: **508 E 4th 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: **05/27/2020**
Treasurer Name: **Nate Wiehl**
Address: **8 Country Club Lane**
Address2:
City: **Garnett** State: **KS** Zip: **66032**
Home Telephone: Business Phone: Cell Phone: **(785) 204-2178**
Email Address: **nwiehl@auburnpharmacies.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: **5/27/2020 4:54:53 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: **508 E 4th 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: **bpattton@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: **12/27/2019 3:54:33 PM** Signature of Candidate: **Mark A Samsel**

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Fax (785) 296-2548
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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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