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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: **Christina Haswood**  
Address: **PO Box 3083**  
Address2:  
City: **Lawrence** Zip: **66046**  
Home Phone: **(785) 766-4654** Business Phone: Cell Phone:  
County: **Douglas** Email Address: **christina@haswoodforkansas.com**  
Office Sought: **State Representative** District No.: **10**

**Treasurer** Date Appointed:  
Treasurer Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**Candidate** Date Appointed: **04/18/2021**  
**Committee** Chairperson's Name: **Christina Haswood**  
Address: **1942 Stewart Ave. Apt. F15**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: **(785) 766-4654** Business Phone: Cell Phone:  
Email Address: **christina@haswoodforkansas.com**

Date Appointed: **04/18/2021**  
Treasurer's Name: **Andrew Lee**  
Address: **2333 Ridge Ct. Apt. 6**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: **(913) 905-9600** Business Phone: Cell Phone:

Email Address: **andrewlee917@gmail.com**

**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: **4/18/2021 12:17:28 PM** Signature of Candidate: **Andrew P. Lee**

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**Candidate** Candidate Name: **Christina Haswood**  
Address: **PO Box 3083**  
Address2:  
City: **Lawrence** Zip: **66046**  
Home Phone: **(785) 766-4654** Business Phone: Cell Phone:  
County: **Douglas** Email Address: **christina@haswoodforkansas.com**  
Office Sought: **State Representative** District No.: **10**

**Treasurer** Date Appointed: **05/20/2020**  
Treasurer Name: **Dan Coviello**  
Address: **914 W 22nd Ter**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: **(732) 267-2328** Business Phone: Cell Phone:  
Email Address: **dan.n.coviello@gmail.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:

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Executed on:  
Date: **9/16/2020 3:42:49 PM** Signature of Candidate: **Christina Haswood**

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

**Candidate** Candidate Name: **Christina Haswood**  
Address: **2317 Surrey Dr**  
Address2:  
City: **Lawrence** Zip: **66046**  
Home Phone: **(785) 766-4654** Business Phone: Cell Phone:  
County: **Douglas** Email Address: **christina@haswoodforkansas.com**  
Office Sought: **State Representative** District No.: **10**

**Treasurer** Date Appointed: **05/20/2020**  
Treasurer Name: **Dan Coviello**  
Address: **914 W 22nd Ter**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66046**  
Home Telephone: **(732) 267-2328** Business Phone: Cell Phone:  
Email Address: **dan.n.coviello@gmail.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: **7/24/2020 2:08:14 PM** Signature of Candidate: **Christina Haswood**

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**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

**RECEIVED**  
MAY 20 2020  
KS Governmental Ethics Commission

~~LOCAL~~  
*State*

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name Christina Haswood		
Street 2317 Surrey Dr		
City Lawrence	County Douglas	Zip Code 66046
Home Telephone 785-766-4654	Business Telephone	
Office Sought Kansas House of Representatives	District No. 10	

**TREASURER**

Date Appointed 5/20/2020		
Name Dan Coviello		
Address 914 W 22nd Ter		
City Lawrence	Zip Code 66046	
Home Telephone 732-267-2328	Business Telephone	


**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."

5/20/20  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name <b>Christina Haswood</b>		
Street <b>2317 Surrey Dr.</b>		
City <b>Lawrence</b>	County <b>Douglas</b>	Zip Code <b>66046</b>
Home Telephone <b>7857664654</b>	Business Telephone	
Office Sought <b>Kansas House Representative</b>	District No. <b>10</b>	

**TREASURER**

Date Appointed <b>5/11/2020</b>		
Name <b>Marriette Haswood</b>		
Address <b>2317 Surrey Dr.</b>		
City <b>Lawrence</b>	Zip Code <b>66046</b>	
Home Telephone <b>7857661695</b>	Business Telephone	

**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.”

5/11/2020

(Date)



(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**