

[Print this form](#) or [Go Back](#)

**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: **Mari-Lynn S Poskin**
Address: **12924 Howe Drive**
Address2:
City: **Leawood** Zip: **66209**
Home Phone: **(913) 909-3542** Business Phone: Cell Phone:
County: **Johnson** Email Address: **MP@Poskin4KS.com**
Office Sought: **State Representative** District No.: **20**

Treasurer Date Appointed: **03/04/2020**
Treasurer Name: **Judith Evnen**
Address: **2229 Condolea Terrace**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: Business Phone: Cell Phone:
Email Address: **judithaevnen@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: **3/4/2020 3:27:23 PM** Signature of Candidate: **Mari-Lynn Poskin**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



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: **Mari-Lynn S Poskin**
Address: **12924 Howe Drive**
Address2:
City: **Leawood** Zip: **66209**
Home Phone: **(913) 909-3542** Business Phone: Cell Phone:
County: **Johnson** Email Address: **MP@Poskin4KS.com**
Office Sought: **State Representative** District No.: **20**

Treasurer Date Appointed: **08/02/2019**
Treasurer Name: **Mari-Lynn Poskin**
Address: **12924 Howe Drive**
Address2:
City: **Leawood** State: **KS** Zip: **66209**
Home Telephone: **(913) 909-3542** Business Phone: Cell Phone:
Email Address: **MP@Poskin4KS.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: **8/9/2019 2:05:39 PM** Signature of Candidate: **Mari-Lynn S. Poskin**

[Print this form](#) or [Go Back](#)