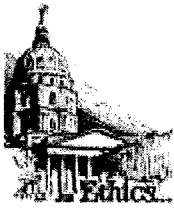


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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansans for Conservative Values**
Address: **17 S. Pearl St.**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Business Phone:
Email Address: **samantha.poetter@gmail.com**

Chairperson Name: **Karla Lisle**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone:
Email Address: **samantha.poetter@gmail.com**

Treasurer Name: **Karla Lisle**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone:
Email Address: **samantha.poetter@gmail.com**

Affiliated or Connected Organizations Name: **Conservative Values, LLC**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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: **5/29/2020 1:57:32 PM** Signature of Chairperson: **Karla Lisle**

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Address: **17 S. Pearl St.**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Business Phone:
Email Address: **samantha.poetter@gmail.com**

Chairperson Name: **Samantha Poetter**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone:
Email Address: **samantha.poetter@gmail.com**

Treasurer Name: **Kerrick Kuder**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone:
Email Address: **samantha.poetter@gmail.com**

Affiliated or Connected Organizations Name: **Conservative Values, LLC**
Address: **17 S Pearl St**
Address2:
City: **Paola** State: **KS** Zip: **66071**

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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: **6/6/2018 11:56:22 AM** Signature of Chairperson: **Samantha Poetter**

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