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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

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

Candidate

Candidate Name: **Cristina L Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: **(785) 783-8243** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **cristinafischer@cristinafischer.com**
Office Sought: **State Senator** District No.: **18**

Treasurer

Date Appointed: **04/06/2012**
Treasurer Name: **Cristina Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: Business Phone: Cell Phone:
Email Address: **saviors4us@hotmail.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:
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: **6/27/2012 1:33:46 PM** / Signature of Candidate: **Cristina Louise Fischer**

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Candidate

Candidate Name: **Cristina L Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: Business Phone: Cell Phone: **(615) 554-4023**
County: **Shawnee** Email Address: **cristinafischer@cristinafischer.com**
Office Sought: **State Senator** District No.: **18**

Treasurer

Date Appointed: **04/06/2012**
Treasurer Name: **Cristina Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: Business Phone: Cell Phone:
Email Address: **saviors4us@hotmail.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:
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: **5/12/2012 10:04:11 AM** Signature of Candidate: **Cristina Louise Fischer**

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Candidate

Candidate Name: **Cristina L Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** Zip: **66604**
Home Phone: Business Phone: Cell Phone: **(615) 554-4023**
County: **Shawnee** Email Address: **saviors4us@hotmail.com**
Office Sought: **State Senator** District No.: **18**

Treasurer

Date Appointed: **04/06/2012**
Treasurer Name: **Cristina Fischer**
Address: **1152 SW Macvicar Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: Business Phone: Cell Phone:
Email Address: **saviors4us@hotmail.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:
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: **4/6/2012 8:26:27 AM** Signature of Candidate: **Cristina Louise Fischer**

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