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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: **Samantha M Poetter Parshall**
Address: **20355 W 299th St**
Address2:
City: **Paola** Zip: **66071**
Home Phone: Business Phone: Cell Phone: **(913) 731-6602**
County: **Miami** Email Address: **samantha@samanthaforkansas.com**
Office Sought: **State Representative** District No.: **6**

Treasurer

Date Appointed: **06/29/2024**
Treasurer Name: **Samantha Poetter Parshall**
Address: **20355 W 299th St**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone: Cell Phone:
Email Address: **samantha@samanthaforkansas.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: **6/29/2024 3:43:56 PM** Signature of Candidate: **Samantha M. Poetter Parshall**

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Address2:
City: **Paola** Zip: **66071**
Home Phone: Business Phone: Cell Phone: **(913) 731-6602**
County: **Miami** Email Address: **samantha@samanthaforkansas.com**
Office Sought: **State Representative** District No.: **6**

Treasurer Date Appointed: **12/01/2020**
Treasurer Name: **Karla Lisle**
Address: **27745 Normandy RD**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Home Telephone: Business Phone: Cell Phone: **(316) 712-2537**
Email Address: **samantha@samanthaforkansas.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: **1/10/2022 10:30:10 PM** Signature of Candidate: **Samantha M. Poetter Parshall**