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

Kansas Public Disclosure Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
<https://kpsc.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: **11/10/2025**  
Treasurer Name: **Meg Fishback**  
Address: **9820 Aberdeen St**  
Address2:  
City: **Leawood** State: **KS** Zip: **66206**  
Home Telephone: Business Phone: Cell Phone:  
Email Address: **meg.fishback@gmail.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: **11/10/2025 5:40:23 PM** Signature of Candidate: **Mari-Lynn S. Poskin**

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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: **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**

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