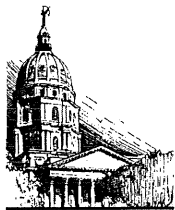


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Campaign Finance Appointment of Treasurer or Candidate Committee Form For Candidate For State Office

Kansas Public Disclosure Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
<https://kpdc.kansas.gov/>

This is an (Check one) Initial Appointment Amended Statement

Candidate

Candidate Name: **Christina Haswood**
Address: **1942 Stewart Ave**
Address2: **APT F15**
City: **Lawrence** Zip: **66046**
Home Phone: Business Phone: Cell Phone: **(785) 766-4654**
County: **Douglas** Email Address: **christina.haswood@gmail.com**
Office Sought: **State Senator** District No.: **2**

Treasurer

Date Appointed: **06/13/2024**
Treasurer Name: **Paige Robinson**
Address: **4210 W. 13th Street**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: Business Phone: Cell Phone: **(785) 550-4307**
Email Address: **paigevictoriarobinson@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: **1/2/2026 4:55:06 PM** Signature of Candidate: **Christina Haswood**

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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: **Christina Haswood**
Address: **POBox 3083**
Address2:
City: **Lawrence** Zip: **66046**
Home Phone: Business Phone: Cell Phone: **(785) 380-8992**
County: **Douglas** Email Address: **christina@haswoodforkansas.com**
Office Sought: **State Senator** District No.: **2**

Treasurer

Date Appointed: **06/13/2024**
Treasurer Name: **Paige Robinson**
Address: **4210 W. 13th Street**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: Business Phone: Cell Phone: **(785) 550-4307**
Email Address: **paigevictoriarobinson@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: **6/13/2024 5:17:42 PM** Signature of Candidate: **Christina Haswood**

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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: **Christina Haswood**
Address: **POBox 3083**
Address2:
City: **Lawrence** Zip: **66046**
Home Phone: Business Phone: Cell Phone: **(785) 380-8992**
County: **Douglas** Email Address: **christina@haswoodforkansas.com**
Office Sought: **State Senator** District No.: **2**

Treasurer

Date Appointed: **01/29/2024**
Treasurer Name: **Taylor Overton**
Address: **1544 N 1000 Rd.**
Address2:
City: **Lawrence** State: **KS** Zip: **66046**
Home Telephone: Business Phone: Cell Phone: **(619) 380-0021**
Email Address: **taylor@artlovecollective.org**

**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: **1/29/2024 12:29:59 PM** Signature of Candidate: **Christina Haswood**