## TREASURER OR CANDIDATE COMMITTEE FORM MAY 0.4 200 RGH EFOR CANDIDATE FOR WAY O A THORNEUR GH EFOR CANDIDATE FOR STATE OFFICE ROW THORNEUR STATE FOR CANDIDATE FOR STATE OFFICE ROW THORNEUR STATE FOR CANDIDATE FOR STATE OFFICE Amended Statement NDIDATE (Please Type or Print) PETERSON MICHAEL Street CITY County WYAN DOTT (=Zip Code City Home Telephone 912-371-7354 Business Telephone REPRESENTATIVE District No. Office Sought TREASURER Date Appointed Name Address Zip Code City 913 - 321-1571 Home Telephone Business Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code Home Telephone Business Telephone Treasurer's Name Address City Zip Code Home Telephone Business Telephone SIGNATURE "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." H-29-04 (Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission