APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM RON THORNBURGH FOR CANDIDATE FOR STATE OFFICE This is an (Check one) Initial Appointment Amended Statement CANDIDATE (Please Type or Print) Name Street County Shawnre Zip Code City Business Telephone Office Sought District No. TREASURER Date Appointed Address Zip Code City 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." (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000