

APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

| | | | |
|----------------|------------------------|--------------------|-----------------|
| Name | MICHAEL D. (MIKE) TROW | | |
| Street | 7445 9TH | | |
| City | SALINA | County | SALINE |
| Zip Code | 67401 | | |
| Home Telephone | 785-309-0670 | Business Telephone | |
| Office Sought | State Representative | | District No. 69 |

TREASURER

| | | | |
|----------------|--------------|--------------------|----------------|
| Date Appointed | 6-11-08 | | |
| Name | PHYLLIS TROW | | |
| Address | 424 CHARLES | | |
| City | SALINA | KANSAS | Zip Code 67401 |
| Home Telephone | 785-827-7117 | Business Telephone | Retired |

OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--------------|--------------------|----------------|
| Date Appointed | 6-11-08 | | |
| Chairperson's Name | LORI A. TROW | | |
| Address | 7445 9TH | | |
| City | SALINA | KS. | Zip Code 67401 |
| Home Telephone | 785-309-0670 | Business Telephone | SAME |
| Treasurer's Name | PHYLLIS TROW | | |
| Address | 424 CHARLES | | |
| City | SALINA | | Zip Code 67401 |
| Home Telephone | 827-7117 | 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."

6-11-08

(Date)

Michael D Trow

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS