APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

MAY 24 2011

Rev.2000

NG Governmental Europe Commit sten This is an (Check one) Initial Appointment Amended Statement CANDIDATE (Please Type or Print) Name an IMPICU Street City County. Zip Code Home Telephone Business Telephone 9 Office Sought District No. TREASURER Date Appointed Name ACMAPV Address City Zip Code 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." SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission