## APPOINTMENT OF MAY 27 2 TREASURER OR CANDIDATE COMMITTEE FORM STATE OR CANDIDATE FOR LOCAL OFFICE This is an (Check one) Initial Appointment Amended Statement CANDIDATE (Please Type or Print) Wlusselman Name Street Zip Code Business Telephone Home Telephone Office Sought District No. TREASURER Date Appointed Name Address 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 **Business Telephone** Home 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

Rev.2000