APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FI

FOR CANDIDATE FOR STATE OFFICE

JUN 08 2012

This is an (Check one) Initial Appointment CANDIDATE (Please Type or Print)	Amended Statement SECRETARY OF STA
	OECRETA DI NOBACI
	MRY OF STA
Name Tession Inn Peters	
Street 908 Fost MPONISH To	mil
City County TO	Zip Code
Home Telephone 816.379.9183 Business Teleph	none
Office Sought MODENS HOUSE OF RED	District No.
TREASURER	
Date Appointed () CE OR () ()	
Vame Al Al Al Amor I Decoper	
Address 504 F Degice Ter	
city Nothe	Zip Code CoCoCoCo
Home Telephone 40 - 580 - 4877 Business Teleph	· 000001
OR CANDIDATE COMMITTEE	
Date Appointed	<u></u>
Chairperson's Name	
Address	
City	Zip Code
Home Telephone Business Telepho	one
Treasurer's Name	
Address	
City	Zip Code
Home Telephone Business Telepho	one .

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."

G1.80.00

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000