APPOINTMENT OF

RECEIVED

| TREASURER OR CANDIDATE COMMITTEE FORM |
|---|
| FOR CANDIDATE FOR STATE OFFICE JUN 15 7017 |
| This is an (Check one) Initial Appointment Amended Statement CANDIDATE (Please Type or Print) Name JASON "JAKE" FISHER Street 50Z MARIAER City STLVER LAKE County SHAWNEE Zip Code (66539) Home Telephone 785 (608-3336 Business Telephone 785 235-5500 Office Sought STATE REPRESENTATIVE District No. 50 |
| TREASURER Date Appointed 6/14/12 Name DAVID LINDERMAN Address ZOT SHAWNEE St. City SILVER LAKE Zip Code (665.39 Home Telephone 785 231 - 9367 Business Telephone (785) 233 - 5556 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 |
| |
| SIGNATURE |
| I declare that this statement has been examined by me and to the best of my knowledge and belief is true, |
| rrect and complete. I understand that the intentional failure to file this document or intentionally filing a |
| lse document is a class A misdemeanor." |
| (Signature of Candidate) |
| SEE REVERSE SIDE FOR INSTRUCTIONS |

Governmental Ethics Commission

Rev.2000