APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE This is an (Check one) Initial Appointment Amended Statement Sc **CANDIDATE** (Please Type or Print) Name BennetT Street 8842 MW 13th County Showner Zip Code 66618 **Business Telephone** Home Telephone 735-403-9713 Office Sought District No. TREASURER **Date Appointed** Name Address 52) City Zip Code oppla **Business Telephone** Home Telephone (755)969 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." 5-12-12 (Date)

SEE REVERSE SIDE FOR INSTRUCTIONS

(Signature of Candidate)

Governmental Ethics Commission

Rev.2000