

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR STATE OFFICE**

06-13-2012

This is an (Check one)

☐

Initial Appointment

☒

Amended Statement

**CANDIDATE**

(Please Type or Print)

Name <u>Ann E. Mah</u>		
Street <u>3351 SE Meadowview Dr</u>		
City <u>Tighe</u>	County <u>SN</u>	Zip Code <u>66605</u>
Home Telephone <u>785-2669434</u>		Business Telephone
Office Sought <u>State Representative</u>		District No. <u>54</u>

**TREASURER**

Date Appointed <u><del>6-13-2012</del> 6-13-2012</u>	
Name <u>Nancy Griffin</u>	
Address <u>2208 Sw millers Glen Dr</u>	
City <u>Tighe</u>	Zip Code <u>66614</u>
Home Telephone <u>785-4781956</u> Business Telephone	

**OR CANDIDATE COMMITTEE**

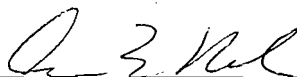
Date Appointed	
Chairperson's Name	
Address	
City	Zip Code
Home Telephone Business Telephone	
Treasurer's Name	
Address	
City	Zip Code
Home Telephone Business Telephone	

**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."

6-13-12

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS