E M

## APPOINTMENT OF

| TREASURER OR C                           | CANDIDATE COMMITTEE FORM RECEIVED   |
|--|---|
|  | DATE FOR STATE OFFICE   |
| This is an (Check one) CANDIDATE         | JUN 18 7017 Initial Appointment Amended Statement Corrections Corrections Corrections (Please Type or Print)                          |
| Name Done Lindah                         |   |
| Street 1759 22251                        | Ave.  |
|  | ounty Dickinson Zip Code 67441  |
| Home Telephone 7/5-263-84                |   |
| Office Sought State Repre-               |   |
|  |   |
| TREASURER                                |   |
| Date Appointed 6/16/12                   |   |
|  | mel   |
| Address 1192 Rain                        |   |
| City Hope                                | Zip Code 67451  |
|  | 46 Business Telephone (c) 785-512-9035  |
| 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  |
|  |   |
| GNATURE                                  |   |
| declare that this statement has been exa | mined by me and to the best of my knowledge and belief is true, e intentional failure to file this document or intentionally filing a |
| 60/17/12                                 | Nord Sindahl  |
| (Date)                                   | (Signature of Candidate)  |
| , and the second second                  |   |
|  |   |

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000