

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

RECEIVED

JUN 11 2012

This is an (Check one)

☒ Initial Appointment

☐ Amended Statement

MS Government Ethics Committee

CANDIDATE

(Please Type or Print)

Name <u>Barbara Lynn Wells</u>		
Address <u>5800 Preston Trail</u>		
City <u>Derby</u>	County <u>SG</u>	Zip Code <u>67037</u>
Home Telephone <u>316.776.0612</u>	Business Telephone <u>316.461.2221</u>	
Office Sought <u>State House</u>	District No. <u>80</u>	

TREASURER

Date Appointed <u>6/11/2012</u>	
Name <u>Barbara Lynn Wells</u>	
Address <u>5800 Preston Trail</u>	
City <u>Derby</u>	Zip Code <u>67037</u>
Home Telephone <u>same as above</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."

6/11/2012
(Date)

Barbara P. Wells
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS