APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE This is an (Check one) Initial Appointment Amended Statement **CANDIDATE** (Please Type or Print) Name G pgmong6 County Zip Code 67060 Home Telephone Business Telephone Office Sought District No. TREASURER Date Appointed 6/8//2 Address Zlp Code Clty Home Telephone **Business Telephone** OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code HA. Home Telephone Business Telephone Address 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." (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000