## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM

RECEIVED

This is an (Check one)	☐ Init	ial Appointment	Amended S	tatemient	JUN 11201 Governmental concs (
CANDIDATE	(Please Type	or Print)		. <b>63</b> 63 (8) (1)	renerches c
Name Chair GABG	<u> </u>	<u>.                                    </u>			
Address 150 6 44 to					
City Wich!	County	Sco	Zip Cod	le KS	
Home Telephone 3/6-440	-2600	Business Tel	ephone 3/	6 806	3308
Office Sought LS RED			District		6 tst
TREASURER	•		•		<u></u>
Date Appointed	· · · · · · · · · · · · · · · · · · ·				
Name Tores A	inken.				
Address 50 6 44+		<del></del> -			
City Wict	KS		Zip Cod	le 67	715
Home Telephone	·	Business Tel	ephone 3/0		
OR CANDIDATE COMMITTEE				•	<del></del>
Date Appointed					
Chairperson's Name	_				
Address	1000				
City			Zip Co		
Home Telephone	Business Telephone				
Treasurer's Name					
Address			•		
City			Zip Co	ode	
Home Telephone	Business Telephone				

"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."

SEE REVERSE SIDE FOR INSTRUCTIONS

(Signature of Candidate)

Governmental Ethics Commission

Rev. 2000