

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 <u>Lawrence Monaghan</u>			
Street <u>715 E Race St</u>			
City <u>Arcadia</u>	County <u>Clawford</u>	Zip Code <u>66711</u>	
Home Telephone <u>620 638 4111</u>	Business Telephone <u>Fax 638 4120</u>		
Office Sought <u>Rep</u>	District No. <u>#2</u>		

TREASURER

Date Appointed <u>March 24 2012</u>	
Name <u>Lawrence Monaghan</u>	
Address <u>715 E Race St</u>	
City <u>Arcadia</u>	Zip Code <u>66711</u>
Home Telephone <u>638-4111</u>	Business Telephone <u>Fax 620 638 4120</u>

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."

27/APRIL/2012
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS