## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM RECEIVED

| KS Governmental Eth This is an (Check one) Initial Appointment Amended Statement  CANDIDATE (Please Type or Print)   |
|--|
| Name Annie Tietze  |
| Street 329 SW Yorkshire Rd   |
| City Topeka County Ks Zip Code Lele Ole  |
| Home Telephone 785-173-5296 Business Telephone Same  |
| Office Sought State Representative District No. 53   |
|  |
| TREASURER  |
| Date Appointed 9-12-05   |
| Name Pea Lakia   |
| Address 5620 SW +awick LD  |
| City To Deka KS  Zip Code 66614  |
| Home Telephone 785-273-2482 Business Telephone   |
| Chairperson's Name Address   |
| City Zip Code  |
| Home Telephone Business Telephone  |
| Treasurer's Name   |
| Address  |
| City Zip Code  |
| Home Telephone Business Telephone  |
|  |
| IGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief is treet and complete. I understand that the intentional failure to file this document or intentionally filing the document is a class A misdemeanor."                   |
| I declare that this statement has been examined by me and to the best of my knowledge and belief is tr<br>rect and complete. I understand that the intentional failure to file this document or intentionally filing   |
| I declare that this statement has been examined by me and to the best of my knowledge and belief is treet and complete. I understand that the intentional failure to file this document or intentionally filing the document is a class A misdemeanor."  Le-13-12  Annue  Le-13-12 |