APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

RECEIVEL

KS Governmental Ethic: Commissio This is an (Check one) Initial Appointment **Amended Statement** CANDIDATE (Please Type or Print) Name Street County Zip Code City Business Telephone Home Telephone Office Sought District No. Date Appointed Name #101 Address orraine Zip Code City 🤫 🦳 Business Telephone Home 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."

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000