

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

FILED

JUN 02 2014

KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one)



Initial Appointment



Amended Statement

CANDIDATE

(Please Type or Print)

| | | | |
|----------------|-----------------------|--------------------|------------------|
| Name | M. T. LIGGETT | | |
| Street | 119 N. CHERRY BOX 301 | | |
| City | MOLINE | County | IOWA |
| Zip Code | 67109 | | |
| Home Telephone | 620-253-0681 | Business Telephone | 620-253-0681 |
| Office Sought | STATE REP | | District No. 117 |

TREASURER

| | | | |
|----------------|--------------------|--|----------|
| Date Appointed | 24 MAY 2014 | | |
| Name | SELF | | |
| Address | SAME AS ABOVE | | |
| City | | | Zip Code |
| Home Telephone | Business Telephone | | |

OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--------------------|--|----------|
| Date Appointed | 24 MAY 2014 | | |
| Chairperson's Name | SELF | | |
| Address | SAME AS ABOVE | | |
| City | | | Zip Code |
| Home Telephone | Business Telephone | | |
| Treasurer's Name | SAME AS ABOVE | | |
| 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."

30 MAY 2014
(Date)

M. T. Liggett
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS