

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

**FILED**

**MAY 24 2016**

**KRIS W. KOBACH  
SECRETARY OF STATE**

*State*

This is an (Check one)

Initial Appointment

Amended Statement

(Please Type or Print)

**CANDIDATE**

Name	<i>Tim Wass Jr.</i>		
Street	<i>2705 Clark</i>		
City	County	Zip Code	
<i>Parsons</i>	<i>Labette</i>	<i>67357</i>	
Home Telephone	Business Telephone		
<i>6208209336</i>			
Office Sought	District No.		
<i>State representative</i>	<i>Seven</i>		

**TREASURER**

Date Appointed	<i>5-18-16</i>		
Name	<i>Delinda Wass</i>		
Address	<i>2705 Clark</i>		
City	Zip Code		
<i>Parsons, KS</i>	<i>67357</i>		
Home Telephone	Business Telephone		
<i>817-724-8835</i>			

**OR CANDIDATE COMMITTEE**

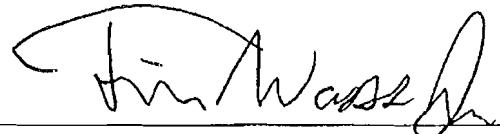
Date Appointed			
Chairperson's Name			
Address			
City	Zip Code		
Home Telephone	Business Telephone		
Treasurer's Name			
Address			
City	Zip Code		
Home Telephone	Business Telephone		

**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."

*5-18-16*

(Date)



(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**