

**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 <b>Michael Cook</b>		
Street <b>26203-2 Black Kettle Dr.</b>		
City <b>Ft Riley</b>	County <b>Geary</b>	Zip Code <b>66442</b>
Home Telephone <b>717-813-1427</b>	Business Telephone <b>913-701-7041</b>	
Office Sought <b>State Representative</b>	District No. <b>65</b>	

**TREASURER**

Date Appointed <b>01 August 2015</b>	
Name <b>Natalie Abts</b>	
Address <b>6857-4 Meade Loop</b>	
City <b>Fort Riley</b>	Zip Code <b>66442</b>
Home Telephone <b>605-999-1369</b>	Business 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."

01 August 2015

(Date)



(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**