APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM RECEIVED SURER OR CANDIDATE FOR STATE OFFICE FOR CANDIDATE FOR STATE OFFICE Amended Statement Amended Statement Amended Statement This is an (Check one) **CANDIDATE** Name | Street 3 County 5+q City < Zip Code **Business Telephone** Home Telephone Office Sought District No. / **TREASURER** Date Appointed Name City Zip Code 6 75-78 Home Telephone **Business Telephone** OR CANDIDATE COMMITTEE **Date Appointed** Chairperson's Name Address City Zip Code Home Telephone **Business Telephone** Treasurer's Name Address Zip Code City 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