

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

MAR 23 2018

This is an (Check one)  Initial Appointment  Amended Statement

**CANDIDATE**

(Please Type or Print)

MS Governmental Ethics Commission

Name	Cheryl Halpern		
Street	1066 East 17th Ave. N.		
City	County	Zip Code	
Home Telephone	Business Telephone		
Office Sought	District No.		

**TREASURER**

Date Appointed	March 5, 2018		
Name	Tom Patten		
Address	3109 <del>St</del> Bilera Cte		
City	Zip Code		
Home Telephone	Business Telephone		

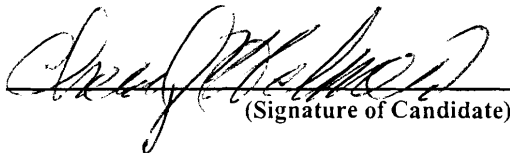
**OR CANDIDATE COMMITTEE**

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."

3-13-2018  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS