## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM

RECEIVED

## FOR CANDIDATE FOR STATE OFFICE

Amended Statement'S Governmental Ethics Commission This is an (Check one) Initial Appointment **CANDIDATE** (Please Type or Print) Name Mailing Address CORNEN County Email Telephone Office Sought TREASURER Date Appointed Mailing Address Telephone Email OR CANDIDATE COMMITTEE **Date Appointed** Chairperson's Name Mailing Address City Zip Code **Email** Telephone Treasurer's Name **Mailing Address** Zip Code City Email 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." (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2021