## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM

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FOR CAN	NDIDATE FOR <del>LOCA</del>	♥ <b>L</b> OFFICE	HEGEIVE
1 OR OIL	IDIDIXIE FOR DOGS	L OFFICE	APR <b>01</b> 20
This is an (Check one)	Initial Appointment	Amended Statement	SCOTTSCHW
_CANDIDATE	(Please Type or Print)		SECRETARY OF
Name ANGELA	STIENS		
Mailing Address 5409 A	MON DA		
City SHAWNEE	County JOHNSON	Zip Code 6 (22	6
Telephone 913 909 9903 Email SSTIENS & EVERESTRC. NET			
Office Sought STATE REPRE	BENTATINE	District No. 39	
TREASURER			
Date Appointed 3 924			
Name MAUREEN GO	ET2	tte kallen ett sind til flere og grupp på på en en kriter frette fle til ett flette flere om ette en en en en e	
Mailing Address 9215 SCO			The state of the s
City DE SOTO	and the second s	Zip Code 66018	And the same of
Telephone 913 708 2223	Email MAUREENCW		a.NET
OR CANDIDATE COMMITT	קק		
Date Appointed			
Chairperson's Name			
Mailing Address			
City		Zip Code	
Telephone	Email	zip Coue	
Treasurer's Name			Pitata ayan ayan ayan ayan ayan ayan ayan
Treasurer's Name			

## **SIGNATURE**

Mailing Address

City

Telephone

"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."

Email

3/15/24 (Date)

Zip Code

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2021