

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

RECEIVED
MAY 29 2024

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

| | | | |
|-----------------|---------------------------------|--------------|----------------------------|
| Name | Robert Owens | | |
| Mailing Address | 18210 Amelia Earhart Dr | | |
| City | Leavenworth | County | Leavenworth Zip Code 66048 |
| Telephone | 816-682-3123 | Email | |
| Office Sought | STATE Rep 41 st Dist | District No. | 41 Dist |

TREASURER

| | | | |
|-----------------|-------------------------|----------|-------|
| Date Appointed | May 29, 2024 | | |
| Name | Robert Owens | | |
| Mailing Address | 18210 Amelia Earhart Dr | | |
| City | Leavenworth | Zip Code | 66048 |
| Telephone | 816-682-3123 | Email | |

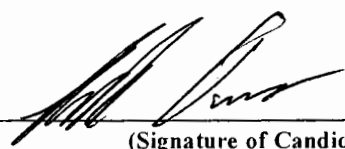
OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--|----------|--|
| Date Appointed | | | |
| Chairperson's Name | | | |
| Mailing Address | | | |
| City | | Zip Code | |
| Telephone | | Email | |
| Treasurer's Name | | | |
| Mailing Address | | | |
| City | | Zip Code | |
| Telephone | | Email | |

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."

May 29, 2024
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS