APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR STATE OFFICE

RECEIVED

	JAN 0 9 2019
This is an (Check one)	Amended Statement
CANDIDATE	(Please Type or Print)
Name Will Ctt footen	
Street 6965 5W 187	4 84.
City ElDondo	County Bitles Zip Code 67042
Home Telephone 3/6-54/-29	32 Business Telephone
Office Sought House	District No. 75
TREASURER	
Date Appointed 12-31-18	
Name ANN CHAPEN	ter
Address 6965 SW	18th St
City Black Di	C5 Zip Code 6704Z
Home Telephone 316-541-29	37 Business Telephone W/4
OR CANDIDATE COMMIT	TEE
Date Appointed	1EE
Chairperson's Name	
Address	-
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	Dusiness receptione
Address	
City	Zip Code
Home Telephone	Business Telephone
nome Telephone	Business Telephone
IGNATURE	
	een examined by me and to the best of my knowledge and belief is true,
rrect and complete. I understand se document is a class A misdem	that the intentional failure to file this document or intentionally filing a
se document is a class & misuem	leanor.
17-21-14	
(Data)	(Signature of Candidate)
(Date)	(Signature of Candidate)
SEE R	EVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission