APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR STATE OFFICE

This is an (Check one)	
CANDIDATE	(Please Type or Print)
Name 5 Te Was	TTOY BELL
Street 119 0599	e
City MOLIBE	County E 1 1/ Zip Code 67353-006/
Home Telephone 620-647-	6692 Business Telephone 11/4
Office Sought STATE SC	enate District No. 15
	
TREASURER	
Date Appointed 50	11,2008
Name Ann Marie	e Woods-BeLh
Address //9 05 a 4 e	- P. O. BOX 61
City 10/10	Zip Code 67353
Home Telephone 620-647	- 6692 Business Telephone 62 0-647-6692
OR CANDIDATE COMMIT	TER
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, or rect and complete. I understand that the intentional failure to file this document or intentionally filing a lise document is a class A misdemeanor."	
9///2008 (Date)	(Signature of Candidate)
SEE REVERSE SIDE FOR INSTRUCTIONS	
vernmental Ethics Commission	Rev.2000