APPOINTMENT OF JUL O TREASURER OR CANDIDATE COMMITTER FO FOR CANDIDATE FOR STATE OFFICE Initial Appointment Amended Statement MEST This is an (Check one) **CANDIDATE** (Please Type or Print) Name Street City County Zip Code Business Telephone Office Sought District No. TREASURER Date Appointed Name Address City Business Telephone Home Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code Home Telephone **Business Telephone** Treasurer's Name Address City Zip Code **Business Telephone** Home 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." (Date)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000