APPOINTMENT OF ANG O G TREASURER OR CANDIDATE COMMITTEE FORM

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Governmental Ethics Commission

APPOINTMENT OF 3 10 2008 TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE This is an (Check one) Initial Appointment Amended Statement **CANDIDATE** (Please Type or Print) Name Street Zip Code 6 705% Cîty County + Home Telephone Business Telephone Office Sought State 5 enator District No 3 TREASURER Date Appointed Name Address Home Telephone Business Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code Home Telephone **Business Telephone** Treasurer's Name A-ddress 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, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor." (Signature of Candidate) SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000