FILED

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

KRIS W. KOSACH KOSACH

| SECRETARY OF STALE | √ Initial to a single of | Amonded Statement |
|--|--|---|
| This is an (Check one) CANDIDATE | ✓ Initial Appointment (Please Type or Print) | Amended Statement |
| Name Lynn D. Grant | (Floade Type of Time) | |
| Street 202 S. Appleton Dr | | |
| City Frontenac | County Crawford | Zip Code 66763 |
| Home Telephone 620-308-5518 | Business Telephone | |
| Office Sought State Senate | | District No. 13 |
| | | |
| TREASURER | | |
| Date Appointed January 30, 2016 | | |
| Name Terry North | | |
| Address 8172 SW Grape Lane | | |
| City Galena | | Zip Code 66739 |
| Home Telephone 620-783-5154 | Business Telephon | e |
| Chairperson's Name Megan Fry Address 314 W. McKay | | |
| City Frontenac | | Zip Code 66763 |
| Home Telephone | Business Telephone | e |
| Treasurer's Name | | |
| Address | | |
| City Home Telephone | Business Telephone | Zip Code |
| SIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief is true, brrect and complete. I understand that the intentional failure to file this document or intentionally filing a lise document is a class A misdemeanor." Amount Am | | |
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SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000