2001 1450

## **APPOINTMENT OF**

## TREASURER OR CANDIDATE COMMITTEE FORM RECEIVED

FOR CANDIDATE FOR STATE OFFICE

MAY 202016

This is an (Check one) Initial Appointment Amended Statement Etnics Commis
CANDIDATE (Please Type or Print)
Name John C. MICE
Street 1305 WAYNE
City SA/INA County SA/INA Zip Code 67401
Home Telephone 785-826-6637 Business Telephone Ce 11785826 0637
Office Sought Sex : te dis 24 District No.
TREASURER
Date Appointed S-/F
Name
Address
City Zip Code
Home Telephone Business Telephone
OR CANDIDATE COMMITTEE  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 correct and complete. I understand that the intentional failure to file this document or intentionally filing a calse document is a class A misdemeanor."    Signature of Candidate   Candidat
SEE REVERSE SIDE FOR INSTRUCTIONS
Governmental Ethics Commission Rev.2000

T735-296-4219