APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

JUN 132

FOR CANDIDATE FOR STATE OFFICE KRIS W. KOB/ CH SECRETARY OF STATE Initial Appointment This is an (Check one) Amended Statement **CANDIDATE** (Please Type or Print) RICHARD Name Street County SHERMAN Zip Code City GOODLAND Home Telephone 785-899 - 5824 **Business Telephone** Office Sought District No. TREASURER Date Appointed SEDERSTROM Name Address Zip Code City Home Telephone Business Telephone OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address Zip Code City **Business Telephone** Home 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 false document is a class A misdemeanor." 6-7-16 (Date)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000