

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name <i>Michael Hiebert</i>		
Mailing Address <i>207 S Esau Ave</i>		
City <i>Walton</i>	County <i>Harvey</i>	Zip Code <i>67151</i>
Telephone <i>316 708 8696</i>	Email <i>M.Hiebert1979@gmail.com</i>	
Office Sought <i>Walton City Council</i>	District No.	

**TREASURER**

Date Appointed		
Name <i>Michael Hiebert</i>		
Mailing Address <i>207 S Esau Ave</i>		
City <i>Walton</i>	Zip Code <i>67151</i>	
Telephone <i>316 708 8696</i>	Email <i>M. Hiebert 1979@gmail.com</i>	

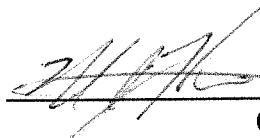
**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**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."

5-16-25  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS