## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Cl	eck one) Initial Appointment	Amended Statement
CANDIDATE	(Please Type or Print)	
Name Thomas R	eunolds	
Mailing Address 20849	95th Rd.	
City Winfield		Zip Code 67156~7397
Telephone 620-222-	1028 Email trtrucking	Zip Code 67156-7397 76@gmeil-com
	Valley Twp Trustee	District No.
	, .	
TREASURER	·	
Date Appointed		
Name		
Mailing Address	SELF	
City		Zip Code
Telephone	Email	
OR CANDIDATE CO  Date Appointed  Chairperson's Name	MMITTEE	
Mailing Address		
City		The Code
Telephone	Email	Zip Code
Treasurer's Name	E-ARRESEA	
Mailing Address		INCORPORATION ACTION OF CONTRACTION AND ACTION ACTI
City		Zio Code
Telephone	Email	ZIP CUIL
A CONTRACTOR OF THE PROPERTY O		
	erstand that the intentional failure to	he best of my knowledge and belief is true, file this document or intentionally filing a
06/03/2024 (Date)	Momo	(Signature of Candidate)
	SEE REVERSE SIDE FOR INST	RUCTIONS

Rev.2021

Governmental Ethics Commission

## **INSTRUCTIONS**

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1<sup>st</sup> floor, 120 SW 10<sup>th</sup>, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission 901 S. Kansas Avenue Topeka, Kansas 66612 Ofc 785-296-4219 Fax 785-296-2548