

**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>Alan Holloway</i>		
Mailing Address <i>29686 211<sup>th</sup> Rd.</i>		
City <i>DEXTER</i>	County <i>Cowley</i>	Zip Code <i>67038</i>
Telephone <i>620-876-5781</i>	Email	
Office Sought <i>TREAS.</i>	District No. <i>Spring Creek</i>	

**TREASURER**

Date Appointed		
Name <i>Alan Holloway</i>		
Mailing Address <i>29686 211<sup>th</sup> Rd.</i>		
City <i>DEXTER</i>	Zip Code <i>67038</i>	
Telephone <i>620-876-5781</i>	Email	

**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."

*6-3-24*  
(Date)

*Alan Holloway*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

## 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