

**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 Wallace</i>		
Mailing Address <i>705 Clover Ln</i>		
City <i>Houston</i>	County <i>Harvey</i>	Zip Code <i>67062</i>
Telephone <i>620 755-5304</i>	Email <i>mwallace@catalyst-safety.com</i>	
Office Sought <i>Mayor</i>	District No.	

**TREASURER**

Date Appointed <i>April 9, 2025</i>		
Name <i>Michael Wallace</i>		
Mailing Address <i>705 Clover Ln</i>		
City <i>Houston</i>	Zip Code <i>67062</i>	
Telephone <i>620 755 5304</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.”

*April 9, 2025*  
(Date)

*Michael Wallace*  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**