## **APPOINTMENT OF**

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

This is an (Check one)  CANDIDATE	Initial Appointment Amended Statement (Please Type or Print)
Name TORON W Schalk	
Street 192/85 3/34 Pd	
City APVANSAS /1:4x	County Cowley Zip Code 67005
Home Telephone 620-446-0	
Office Sought Bolton Twn shill	Business Telephone  Thus the District No.
TREASURER	
Date Appointed	
Name SAME	
Address	
City	Zip Code
Home Telephone	Business Telephone
OR CANDIDATE COMMITT	RE.
Date Appointed	
Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
	en examined by me and to the best of my knowledge and belief is true, nat the intentional failure to file this document or intentionally filing a anor."  (Signature of Candidate)
(Date)	(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**Governmental Ethics Commission** 

Rev.2000