## APPOINTMENT OF

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

This is an (Check one)	ement
Name Vance Hencegon	
Mailing Address 19172 171st Rd	
10172 17134 RE	7010
Boych	20/9
Office Sought Salen Treasure District No.	TICOM
Julien / reasure	
TREASURER	
Date Appointed Self'	
Mailing Address	
City Zip Code Telephone Email	
Pulan	
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	Mission of the Principles of t
SIGNATURE "I declare that this statement has been examined by me and to the best of my known or rect and complete. I understand that the intentional failure to file this document also document is a class A misdemeanor."	
(Date) (Signature of Cano	
(Date) (Signature of Cano	didate)
SEE REVERSE SIDE FOR INSTRUCTIONS	
overnmental Ethics Commission	Rev.2021

## 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