

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

This is an (Check one)

Initial Appointment

Amended Statement

## CANDIDATE

(Please Type or Print)

Name <u>DENICE KLASSEN</u>		
Mailing Address <u>1013 11th TERRACE</u>		
City <u>HALSTEAD</u>	County <u>KS</u>	Zip Code <u>67056</u>
Telephone <u>316-215-2806</u>	Email <u>dmklassen@cccy.net</u>	
Office Sought <u>CITY COUNCIL MEMBER</u>	District No.	

## TREASURER

Date Appointed <u>23 MAY 2025</u>		
Name <u>DENICE KLASSEN</u>		
Mailing Address <u>1013 11th TERRACE</u>		
City <u>HALSTEAD</u>	Zip Code <u>67056</u>	
Telephone <u>316-215-2806</u>	Email <u>dmklassen@cccy.net</u>	

## 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."

23 MAY 25  
(Date)

Denice Klassen  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS