

**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	Mandy McDade		
Street	7290 Renee Ct.		
City	County	Zip Code	
Home Telephone	Business Telephone		
Office Sought	Position Co	District No.	403

TREASURER

Date Appointed			
Name	SELF		
Address			
City		Zip Code	
Home Telephone	Business Telephone		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City		Zip Code	
Home Telephone	Business Telephone		
Treasurer's Name			
Address			
City		Zip Code	
Home Telephone	Business Telephone		

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."

5/13/25 (Date) Mandy McDade (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS