

**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>STANLEY COCHRAN</i>			
Street <i>1220 N. D</i>			
City <i>ARKANSAS CITY</i>	County <i>COWLEY</i>	Zip Code <i>67005</i>	
Home Telephone <i>620-506-7132</i>	Business Telephone <i>—</i>		
Office Sought <i>COWLEY COLLEGE BOARD OF TRUSTEE</i>			District No. <i>2</i>

TREASURER

Date Appointed	
Name <i>SELF</i>	
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."

5-29-25
(Date)

Stanley Cochran
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS