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) |
|---|---|
| Name Maci De Coudre | |
| Street 13089 172nd Rd | |
| City Winfield | |
| Home Telephone 620-218-19 | |
| Office Sought Cowley Coun | 000 881 0111 |
| TREASURER | |
| Date Appointed | |
| Name Maci De Coud | res |
| Address 13089 172nd R | |
| City Winfield | Zip Code 67156 |
| Home Telephone 620-218-1 | |
| Chairperson's Name Address | |
| City | |
| Home Telephone | Zip Code |
| Treasurer's Name | Business Telephone |
| Address | |
| City | 71.0.1 |
| Home Telephone | Zip Code Business Telephone |
| SIGNATURE I declare that this statement has be rrect and complete. I understand | peen examined by me and to the best of my knowledge and belief is tr that the intentional failure to file this document or intentionally filin |
| lse document is a class A misden | Mae: De Cond (Signature of Candidate) |
| SEE R | REVERSE SIDE FOR INSTRUCTIONS |

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Governmental Ethics Commission