

**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	Marvin F Hendley		
Mailing Address	82116 898 Rd		
City	County	Zip Code	
Telephone	Email		
Office Sought	District No.		

City: Maple City, KS      County: Cowley      Zip Code: 67102  
 Telephone: 620 876 3214      Email: Trapper@SKTC.NET  
 Office Sought: Trustee      District No.: Spring Creek TW

**TREASURER**

Date Appointed			
Name			
Mailing Address	Self		
City			Zip Code
Telephone	Email		

**OR CANDIDATE COMMITTEE**

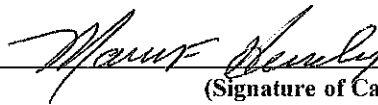
Date Appointed			
Chairperson's Name			
Mailing Address			
City			Zip Code
Telephone	Email		
Treasurer's Name			
Mailing Address			
City			Zip Code
Telephone	Email		

**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."

6-3-24

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

## 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