

**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	GARY WILSON		
Street	31684 61ST LANE		
City	ARKANSAS CITY	County	COWLEY Zip Code 67005
Home Telephone	620-441-1303	Business Telephone	
Office Sought	COUNTY COMMISSIONER	District No.	2

**TREASURER**

Date Appointed	01-17-2024		
Name	SHARON L WILSON		
Address	31684 61ST LANE		
City	ARKANSAS CITY KS	Zip Code	67005
Home Telephone	620-660-3859	Business Telephone	

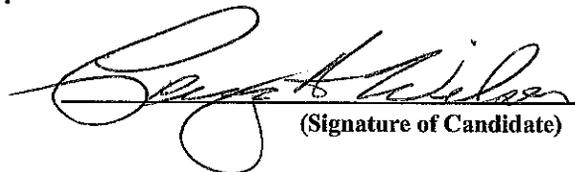
**OR CANDIDATE COMMITTEE**

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."

01-17-2024  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

## **INSTRUCTIONS**

This form must be completed by each candidate for local office and filed with your County Election Officer. 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:      Kansas Governmental Ethics Commission  
109 West 9th, Suite 504  
Topeka, Kansas 66612  
Ofc 785-296-4219  
Fax 785-296-2548