APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an ((Check one) A Initial Appoi	ntment Amended Staten	aent
CANDIDATE	(Please Type or	Print)	
	ber		
Mailing Address 6 6 43	8 U.S. 16D		
City Winfie		ley Zip Code 67	156
Telephone 620-225		Faber 1957-G-Mall	
Office Sought Treas	arer - vernon towns		
TREASURER			
Date Appointed			
Name	0-14		
Mailing Address	501	·	
City		Zip Code	
Telephone	Email		
			<u> </u>
Date Appointed Chairperson's Name			
Mailing Address			
City		Zip Code	1004
Telephone	Email		
Treasurer's Name	Management of the second of th		and the state of t
Mailing Address	The second secon		
City		Zip Code	
Telephone	Email		
	ment has been examined by monderstand that the intentional A misdemeanor."		
06-03- 2024 (Date)		(Signature of Candi	date)
	SEE REVERSE SIDE FO	R INSTRUCTIONS	

Rev.2021

Governmental Ethics Commission

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, 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