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APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

| | | | | | |
|-----------------|-------------------|--------|--------------|----------|-------|
| Name | LISA SCHMITT | | | | |
| Mailing Address | 2204 SE MARKET ST | | | | |
| City | TOPEKA | County | SHAWNEE | Zip Code | 66605 |
| Telephone | 785-230-9399 | Email | | | |
| Office Sought | SNCO CLERK | | District No. | | |

TREASURER

| | | | | | |
|-----------------|-------------------|----------|-------|--|--|
| Date Appointed | | | | | |
| Name | DAVID SCHMITT JR | | | | |
| Mailing Address | 2204 SE MARKET ST | | | | |
| City | TOPEKA | Zip Code | 66605 | | |
| Telephone | 785-213-4153 | Email | | | |

FEB 22 2024 PM 4:55

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."

2.22.2024

(Date)

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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