

**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	CHASE M. HOBART		
Street	415 W. 3RD ST		
City	County	Zip Code	
BURDEN	COWLEY	67017	
Home Telephone	620-660-3320	Business Telephone	
Office Sought	CITY COUNCIL		District No.

TREASURER

Date Appointed	SELF		
Name			
Address			
City			Zip Code
Home Telephone	Business Telephone		

OR CANDIDATE COMMITTEE

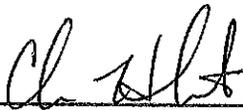
Date Appointed			
Chairperson's Name			
Address			
City			Zip Code
Home Telephone	Business Telephone		
Treasurer's Name			
Address			
City			Zip Code
Home Telephone	Business Telephone		

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."

5/29/25

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS