

**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 <i>Leslie C. DeLaney - Holmgren</i>			
Mailing Address <i>217 N Kansas Ave</i>			
City <i>Beverton</i>	County <i>Clatsop</i>	Zip Code <i>67020</i>	
Telephone <i>316 558-2335</i>	Email <i>leslie.holmgren@yahoo.com</i>		
Office Sought <i>Council</i>	District No.		

TREASURER

Date Appointed <i>6-2-25</i>	
Name <i>Leslie C. DeLaney - Holmgren</i>	
Mailing Address	
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."

6-2-25
(Date)

Leslie C. DeLaney
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS