

**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 <u>Irvin Parsons</u>			
Mailing Address <u>88602315</u>			
City <u>Burden</u>	County	Zip Code	<u>107019</u>
Telephone	Email		
Office Sought <u>SETWPT Trustee</u>	District No.		

TREASURER

Date Appointed <u>Self</u>	
Name	
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."

5-6-24
(Date)

Irvin Parsons
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS