APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one) CANDIDATE	Initial Appointment (Please Type or Print)	Amended Statement
(2 and 2) po or 1 and		
Name Jenni-ler Bliss Mailing Address 35495 202 0 0		
City (e) ax Vale	County (B)	Zip Code 107D24
Office Sought Treasurer	Chniter bliss	District No.
1160200		District to
TDT 4 SUDDEN		
TREASURER 1	THE ACCUSAGE AND ADDRESS OF THE ACCUSAGE AND	
Date Appointed		
Name		
Mailing Address		
City		Zip Code
Telephone	Email	
OR CANDIDATE COMMITT	EE	
Date Appointed		
Chairperson's Name		
Mailing Address		
City		Zip Code
Telephone	Email	
Treasurer's Name		
Mailing Address		
City		Zip Code
Telephone	Email	
A Company of the Comp		
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."		
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(Date)	Olympi Ma	
(Date)	- Arvy 190	(Signature of Candidate)
	0 0	
SEE RI	EVERSE SIDE FOR INSTRI	UCTIONS
Governmental Ethics Commission		Rev.2021

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