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 HEUVU MCCUTE
Mailing Address 3625 SW Z9+4
City To pe 24 County SN Zip Code 66614
Telephone 197 383 AM Email MCVE 13 @ amgil com
Office Sought County Comm 155,04 District No.
TREASURER
Date Appointed 30 2027
Name Heury MECluste
Mailing Address 367 SW ZYH # (CO)
City Topse a ce Zip Code 666/1
Telephone 7 355 994 Email Mare 5 6 gmgi/2 COM
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 JAN 30 2024 PM 2:59
"I declare that this statement has been examined by me and to the best of my knowledge and belief is true,
orrect and complete. I understand that the intentional failure to file this document or intentionally filing a
alse document is a class A misdemeanor."
(Date) (Signature of Candidate)

Governmental Ethics Commission

Rev.2000

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