## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check o	one) Initial Appointment Amended Statement
CANDIDATE	(Please Type or Print)
Name VOLCOLAS D.P	LATTER
Street 13519 /36	, Ed Rd.
City WINFIECD	County COULS 1/Zip Code 67/56
Home Telephone 620-222	-2321 CELL Business Telephone
Office Sought TOWNSH	IP TRUSTEE District No.
TREASURER	
Date Appointed	4
Name /	
Address	
City	Zip Code
Home Telephone	Business Telephone
OR CANDIDATE COMM	ITTEE
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	
	a been examined been and to the beet C
orrect and complete Tundersta	is been examined by me and to the best of my knowledge and belief is true and that the intentional failure to file this document or intentionally filing a
Ilse document is a class A misd	emeanor."
6/28/2023	Douglas B Platter
(Date)	(Signature of Candidate)
• •	( (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS