APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

	This is an (Check one) Initial Appointment CANDIDATE (Please Type or Print) Street Street County County
·	TREASURER Date Appointed Name Address City
	Home Telephone Zip Code
	Business Telephone
	OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address City Zip Code Home Telephone
	Treasurer's Name Business Telephone
- 1-	Address
<u> </u>	City Home Telephone Zip Code
<u> _ ^</u>	Home Telephone Zip Code Business Telephone
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 lass A misdemeanor."	
	(Date) (Signature of Candidate)
1	SEE REVERSE SIDE FOR INSTRUCTIONS

Rev.2000

Governmental Ethics Commission