## APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FOREIVED FOR CANDIDATE FOR LOCAL OFFICE SCOTTSCHWAB Initial Appointment This is an (Check one) Amended States **CANDIDATE** (Please Type or Print) BLACKBURN Name **Mailing Address** 5W Zip Code 65 City WAKARUSK County **SHAWNEE** Telephone District No. Office Sought HAWNEE COUNTY **TREASURER** Date Appointed 6-12-24 SUZY BLACKBURN Mailing Address 5340 5W Zip Code 66546 Telephone (745) (.33-518) Email OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Mailing Address City Zip Code Email Telephone Treasurer's Name Mailing Address City Zip Code Email 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 false document is a class A misdemeanor." (b-12 - 24 (Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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Governmental Ethics Commission

Rev.2000