

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)

Initial Appointment

Amended Statement

(Please Type or Print)

CANDIDATE

Name	Chris Cannon		
Street	402 Elm St.		
City	County	Zip Code	
Home Telephone	Burden	Cowley	67019
	316 323 4580	Business Telephone	620 221 5985
Office Sought	Burden City Council		District No.

TREASURER

Date Appointed	5/30/25		
Name	Self		
Address			
City	Zip Code		
Home Telephone	Business Telephone		

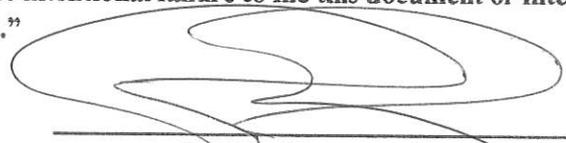
OR CANDIDATE COMMITTEE

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

"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."

5/30/25
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS