

**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 <u>Timothy G Hendrickson</u>		
Mailing Address <u>710 N. Madison</u>		
City <u>Sedgewick</u>	County <u>Harvey</u>	Zip Code <u>67135</u>
Telephone <u>316 2003643</u>	Email <u>timothyh1105@yahoo.com</u>	
Office Sought <u>USD 499 School Board</u>	District No. <u>4</u>	

TREASURER

Date Appointed		
Name <u>Timothy G Hendrickson</u>		
Mailing Address <u>710 N. Madison</u>		
City <u>Sedgewick</u>	Zip Code <u>67135</u>	
Telephone <u>316 2003643</u>	Email <u>timothyh1105@yahoo.com</u>	

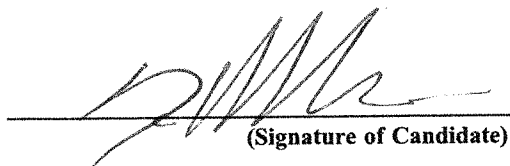
OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

SIGNATURE

"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."

5-19-2025
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS