APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)	Initial Appointment Amended Statement
CANDIDAŢE	(Please Type or Print)
Name Edward D W	1- Gowan
Mailing Address 30345	715+DR
City Arkansas City	County Powley Zip Code 67005
Telephone 620 441 8888	Email
	nstre Treasurer District No. #/
TREASURER	
Date Appointed	
Name SE()	
Mailing Address	
City	Zip Code
Telephone	Email
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 or crect and complete. I understand that the intentional failure to file this document or intentionally filing a class document is a class A misdemeanor." S-17-2024 (Date) EL QMA-Houle (Signature of Candidate)	
	(Signature of Candidate) EVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2021

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission 901 S. Kansas Avenue Topeka, Kansas 66612 Ofc 785-296-4219 Fax 785-296-2548