

**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 <u>Josh Durner</u>			
Mailing Address <u>PO Box 585</u>			
City <u>Burden</u>	County <u>Harvey</u>	Zip Code <u>67020</u>	
Telephone <u>620-474-6558</u>	Email <u>jeshdurner@gmail.com</u>		
Office Sought <u>Burden City Council Member</u>	District No.		

TREASURER

Date Appointed <u>5-22-05</u>			
Name <u>Sara Durner</u>			
Mailing Address <u>PO Box 585</u>			
City <u>Burden</u>	Zip Code <u>67020</u>		
Telephone <u>620-474-8015</u>	Email <u>saradurner@gmail.com</u>		

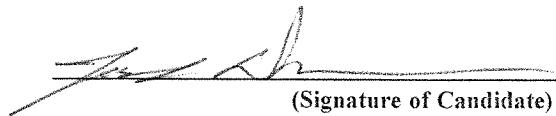
OR CANDIDATE COMMITTEE

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."

5-22-05
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS