## 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 Tores Wassey 1070 40
Mailing Address 4717-767 Pd.
City ANGRAGUS County County County County
Telephone 620-492-3568 Email Serous ak Dad 7017 @ Doro town Mary. Com
Office Sought Board of Diffe CTOVS West District No.
Trustee Croswell
TREASURER
Date Appointed
Name
Mailing Address
City Zip Code
Telephone Email
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 truerrect and complete. I understand that the intentional failuxe to file this document or intentionally filing
lse document is a class A misdemeanor." $\mathbb{I}$ (
is document is a class 11 misdemental.
3-14-74
(Date) (Signature of Candidate)
(Significant)
SEE REVERSE SIDE FOR INSTRUCTIONS

**Governmental Ethics Commission** 

Rev.2021