

**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 <i>Melanie Watson</i> | | | |
| Mailing Address <i>325 Springlake Dr.</i> | | | |
| City <i>Newton</i> | County <i>MI</i> | Zip Code <i>60714</i> | |
| Telephone <i>316-217-5781</i> | Email <i>Watson4citycommissioner@gmail.com</i> | | |
| Office Sought <i>City Commissioner</i> | District No. <i></i> | | |

TREASURER

| | | | |
|--|--|--|--|
| Date Appointed <i>6/2/25</i> | | | |
| Name <i>Melanie Watson</i> | | | |
| Mailing Address <i>325 Springlake Dr</i> | | | |
| City <i>Newton</i> | Zip Code <i>60714</i> | | |
| Telephone <i>316-217-5781</i> | Email <i>Watson4citycommissioner@gmail.com</i> | | |

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.”

6/2/25
(Date)

Melanie Watson
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS