## APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Checl	k one) Initial Appointment Amended Statement
CANDIDATE	(Please Type or Print)
Name Lewis a Loca	V= 0a)
Name Lewis G. Loon Mailing Address 22739 15.	2NP BARD
City Bakerau	County Cowley Zip Code 67019
Telephone 620-218-429	4 Email Blockson Q.SKTC, NET
Office Sought TRUSTEE	SHERIDAN TWP. District No.
TREASURER	
Date Appointed	
Name	
Mailing Address	5 ( )
City	Zip Code
Telephone	Email
OR CANDIDATE COM Date Appointed Chairperson's Name Mailing Address	MITTEE
Mailing Address  City	Ti. C. J.
Telephone	Zip Code Email
Treasurer's Name	Ellan
Mailing Address	
City	Zip Code
Telephone	Email
A VIVIANIE	
SIGNATURE "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, or rect and complete. I understand that the intentional failure to file this document or intentionally filing a alse document is a class A misdemeanor."    O 5 / 14 / 20 2 4	
	EE REVERSE SIDE FOR INSTRUCTIONS

Rev.2021

**Governmental Ethics Commission**