

**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           | Michael D. Kennedy |                    |                            |
| Street         | 17641 32nd Rd      |                    |                            |
| City           | Atlanta            | County             | Cowley Zip Code 67008-9007 |
| Home Telephone | (316) 323-8935     | Business Telephone |                            |
| Office Sought  | Trustee            | District No.       | 3                          |

**TREASURER**

|                |                    |
|----------------|--------------------|
| Date Appointed |                    |
| Name           | SELF               |
| Address        |                    |
| City           | Zip Code           |
| Home Telephone | Business Telephone |

**OR CANDIDATE COMMITTEE**

|                    |                    |
|--------------------|--------------------|
| Date Appointed     |                    |
| Chairperson's Name |                    |
| Address            |                    |
| City               | Zip Code           |
| Home Telephone     | Business Telephone |
| Treasurer's Name   |                    |
| Address            |                    |
| City               | Zip Code           |
| Home Telephone     | Business Telephone |

**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."

9-10-2024  
(Date)

Michael D. Kennedy  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**