

**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 <i>Charilyn Litton</i>              |                                       |                       |  |
| Mailing Address <i>506 Main Street</i>   |                                       |                       |  |
| City <i>Halstead</i>                     | County <i>Harvey</i>                  | Zip Code <i>67056</i> |  |
| Telephone <i>(316) 559-6769</i>          | Email <i>CharilynLitton@gmail.com</i> |                       |  |
| Office Sought <i>School Board Member</i> | District No. <i>440</i>               |                       |  |

**TREASURER**

|                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| Date Appointed <i>5-30-2025</i>    |                                       |  |  |
| Name <i>Charilyn Litton</i>        |                                       |  |  |
| Mailing Address <i>506 Main St</i> |                                       |  |  |
| City <i>Halstead</i>               | Zip Code <i>67056</i>                 |  |  |
| Telephone <i>316-559-6769</i>      | Email <i>CharilynLitton@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."

*5-30-2025*  
(Date)

*Charilyn Litton*  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**