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	HU+ch1509	
Mailing Address 3/13 E	11010	
City PATKETFIELD	County Cowely	Zip Code 670 05
Telephone 620-660-9874	Email	
Office Sought Trustee		District No. 2 Creswet
TREASURER		
Date Appointed Self		
Name	WENT TO THE CONTROL OF A LIGHT AND THE CONTROL OF T	
Mailing Address		
City		Zip Code
Telephone	Email	
OR CANDIDATE COMMITT	EE	
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, orrect and complete. I understand that the intentional failure to file this document or intentionally filing a alse document is a class A misdemeanor." 4/18/24 (Signature of Candidate)		
(Date)	(Signature of Candidate)
SEE DEVEDSE SIDE FOR INSTRUCTIONS		

Governmental Ethics Commission

Rev.2021