

**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 | Sue Bechtel Dan Hartman | | |
| Mailing Address | P.O. Box 234 105 N. Jackson Ave. | | |
| City | County | Zip Code | |
| Sedwick | Albany | 67135 | |
| Telephone | Email | | |
| 670 295 0215 | DR HARTMAN2@GMAIL.COM | | |
| Office Sought | District No. | | |
| City Council | | | |

TREASURER

| | | | |
|-----------------|----------------------|--|--|
| Date Appointed | 05/12/2025 | | |
| Name | Sue Bechtel | | |
| Mailing Address | P.O. Box 234 | | |
| City | Zip Code | | |
| Sedwick | 67135 | | |
| Telephone | Email | | |
| 316 415 4066 | SUEBECHTEL@YAHOO.COM | | |

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."

05/13/2025

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS