## **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 Spencer Duncan	
Street 25/3 Sw Ashworth P	
City Topeka	County Shawned Zip Code 66614
Home Telephone 765 2697 8985 Business Telephone	
Office Sought Mayor	District No.
/	
TREASURER	
Date Appointed 2 - 27 - 20	45
Name Barbara Dunca	
Address 2513 SW Ashway	
City Topeka	Zip Code 66614
Home Telephone 78 608 16	
OR CANDIDATE COMMITTE	rir
Date Appointed	<u>C.C.</u>
Chairperson's Name	
Address	
City	Zin Code
Home Telephone	Zip Code
Treasurer's Name	Business Telephone
Address	
	71.01
City	Zip Code
Home Telephone	Business Telephone
SIGNATURE	
" I declare that this statement has bee	n examined by me and to the best of my knowledge and belief is true,
_	at the intentional failure to file this document or intentionally filing a
alse document is a class A misdemea	inor."
2-27-25 (Date)	Spend Den
(Date)	(Signature of Candidate)
	1
SEE REVERSE SIDE FOR INSTRUCTIONS	
	FEB 27 2025 AM 9:11

**Governmental Ethics Commission** 

Rev.2000