

**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	Arlene M. Fisher		
Street	207 Walnut St		
City	County	Zip Code	67008
Home Telephone	680-394-2918	Business Telephone	NA
Office Sought	City Council	District No.	

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."

5-15-25
(Date)

Arlene M. Fisher
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS