

**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 <i>Joel Flory</i>		
Mailing Address <i>902 W 4th</i>		
City <i>Halstead</i>	County <i>HV</i>	Zip Code <i>67056</i>
Telephone <i>316-284-4540</i>	Email <i>floryroofing@hotmail.com</i>	
Office Sought <i>USD 440 school board #7</i>	District No. <i>USD 440</i>	

**TREASURER** *N/A*

Date Appointed		
Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**OR CANDIDATE COMMITTEE** *N/A*

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."

3/5/2025  
(Date)

*Joel Flory*  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**