APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

CANDIDAGE	Check one) Initial Appointment Amended Statemen	it
CANDIDATE	(Please Type or Print)	
Name Justin	Burgell	
Mailing Address 1025	-6 161 st Rd	
City Burden	County Cowley Zip Code 6	7019
Telephone 620-222		imal, com
Office Sought	District No.	alem
TREASURER		
Date Appointed		
Name 51f		
Mailing Address	5	
City	Zip Code	
Telephone	Email	
OR CANDIDATE CO		
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	OMMITTEE	
Chairmanan la Nama		
Chairperson's Name		
Mailing Address	7: 0.1	
City	Zip Code	
Telephone	Email	
Treasurer's Name		1
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Mailing Address		
Mailing Address City	Zip Code	
Mailing Address	Zip Code Email	
Mailing Address City Telephone		
Mailing Address City Telephone	Email	dge and belief is true.
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Mailing Address City Telephone SIGNATURE I declare that this statem rrect and complete. I und	Email ment has been examined by me and to the best of my knowle nderstand that the intentional failure to file this document or	9
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Rev.2021

Governmental Ethics Commission

INSTRUCTIONS

This form must be completed by each candidate for state office and filed with the Secretary of State (Memorial Hall - 1st floor, 120 SW 10th, Topeka, KS 66612-1594). A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

For further information contact:

Governmental Ethics Commission 901 S. Kansas Avenue Topeka, Kansas 66612 Ofc 785-296-4219 Fax 785-296-2548