

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

**RECEIVED**  
JUN 01 2021  
Governmental Ethics Commission

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name	LISA LARSEN		
Street	1117 AVALON RD		
City	County	Zip Code	
Lawrence	DG	66044	
Home Telephone	785 331 9162	Business Telephone	—
Office Sought	City Commission	District No.	—

**TREASURER**

Date Appointed	5/15/21		
Name	Linda Gwaltney		
Address	934 Connecticut		
City	Lawrence	Zip Code	66044
Home Telephone	785 554 6438	Business Telephone	—

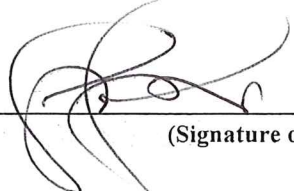
**OR CANDIDATE COMMITTEE**

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."

5/24/21  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS