

**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	BRETT LARUE		
Street	2257 N 400 <sup>th</sup> Rd		
City	EUROLA	County	OG
		Zip Code	66025
Home Telephone	785-615-1337	Business Telephone	
Office Sought	COUNTY COMMISSION	District No.	2

**TREASURER**

Date Appointed	5/29/20		
Name	BRETT LARUE		
Address	2257 N 400 <sup>th</sup> Rd		
City	EUROLA	Zip Code	66025
Home Telephone	785-615-1337	Business Telephone	

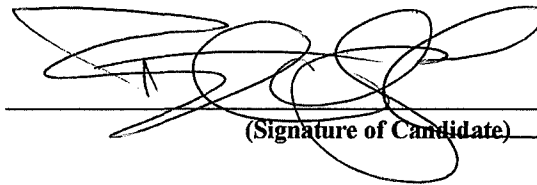
**OR CANDIDATE COMMITTEE**

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."

5/29/20  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**