

**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>Karen L. Willey</i>		
Street <i>471 E. 900 Rd.</i>		
City <i>Baldwin City</i>	County <i>Douglas</i>	Zip Code <i>66006</i>
Home Telephone <i>785-979-9455</i>	Business Telephone	
Office Sought <i>County Commission</i>	District No. <i>3</i>	

TREASURER

Date Appointed <i>1/10/20</i>		
Name <i>Coleen Davison</i>		
Address <i>1011 Lakecrest Rd.</i>		
City <i>Lawrence</i>	Zip Code <i>66049</i>	
Home Telephone <i>785-979-4694</i>	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."

1/10/2020
(Date)

K. Willey
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

*rec'd
1/10/2020
MCM*