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 Street City nwhence County Zip Code Home Telephone **Business Telephone** Office Sought ammission District No. at TREASURER **Date Appointed** Address M +9 dows City _ Zip Code Home Telephone **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."

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000