

0000 KS ELECTION FORM  
MAY 7, 25 AM 10:06

# APPOINTMENT OF

## TREASURER OR CANDIDATE COMMITTEE FORM

### FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)



Initial Appointment



Amended Statement

(Please Type or Print)

#### CANDIDATE

Name	Bart Littlejohn		
Mailing Address	321 Indiana St		
City	Lawrence	County	Douglas
Telephone	785 380 9413	Email	
Office Sought	City Commissioner		
	District No.		

#### TREASURER

Date Appointed	03/06/2025		
Name	Aaron Urban		
Mailing Address	631 N Daylily Dr.		
City	Lawrence	Zip Code	66049
Telephone	785 838 1882	Email	

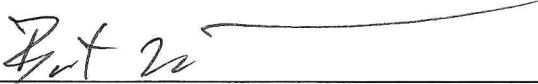
#### OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

#### 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.”

03/07/25  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS