

# 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	Mike Hamreld		
Mailing Address	2918 W. 7th St		
City	County	Zip Code	
Lawrence	Douglas	66049	
Telephone	Email		
785-423-6680	mhamreld@gmail.com		
Office Sought	District No.		
City Commissioner			

#### TREASURER

Date Appointed			
Name	Mike Hamreld		
Mailing Address	2918 W. 7th St		
City	County	Zip Code	
Lawrence		66049	
Telephone	Email		
785-423-6680	mhamreld@gmail.com		

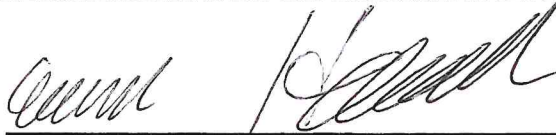
#### OR CANDIDATE COMMITTEE

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

06/02/25  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS