

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

APR 29 25 AM 8:43  
DCC KS ELECTION DFC

This is an (Check one)



Initial Appointment



Amended Statement

**CANDIDATE**

(Please Type or Print)

|                                        |                                     |                       |  |
|----------------------------------------|-------------------------------------|-----------------------|--|
| Name <u>PETER VICTOR SHENOUDA</u>      |                                     |                       |  |
| Mailing Address <u>4100 TEAL DRIVE</u> |                                     |                       |  |
| City <u>LAWRENCE</u>                   | County <u>DOUGLAS</u>               | Zip Code <u>66047</u> |  |
| Telephone <u>785-530-4148</u>          | Email <u>Peteshenouda@gmail.com</u> |                       |  |
| Office Sought                          | District No.                        |                       |  |

**TREASURER**

|                                        |                                     |                       |  |
|----------------------------------------|-------------------------------------|-----------------------|--|
| Date Appointed                         |                                     |                       |  |
| Name <u>Peter Shenouda</u>             |                                     |                       |  |
| Mailing Address <u>4100 Teal Drive</u> |                                     |                       |  |
| City <u>Lawrence</u>                   |                                     | Zip Code <u>66047</u> |  |
| Telephone <u>785-530-4148</u>          | Email <u>Peteshenouda@gmail.com</u> |                       |  |

**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."

\_\_\_\_\_  
(Date)

  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS