

AP-29-25 AMG:43
DGCOKS-ELECTION DFC

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 | PETER VICTOR SHENOURA | | |
| Mailing Address | 4100 TEAL DRIVE | | |
| City | Lawrence | County | Douglas |
| Telephone | 785-550-4148 | Email | PeteShenoura@gmail.com |
| Office Sought | District No. | | |

TREASURER

| | | | |
|-----------------|-----------------|----------|------------------------|
| Date Appointed | | | |
| Name | Peter Shenoura | | |
| Mailing Address | 4100 Teal Drive | | |
| City | Lawrence | Zip Code | 66047 |
| Telephone | 785-550-4148 | Email | PeteShenoura@gmail.com |

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