

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	STEVE JACOB				
Mailing Address	1900 KENTUCKY ST C				
City	LAWRENCE	County	KS	Zip Code	66046
Telephone	785-691-8400	Email	LAWHS1989@GMAIL.COM		
Office Sought	LAWRENCE CITY COMMISSION District No.				

TREASURER

Date Appointed	1-10-25			
Name	STEVE JACOB			
Mailing Address	1900 KENTUCKY ST C			
City	LAWRENCE, KANSAS	Zip Code	66046	
Telephone	785-691-8400	Email	LAWHS1989@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.”

1-10-25

(Date)

Steve Jacob

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS