

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

TREASURER

Date Appointed <u>1-10-25</u>		
Name <u>STEVE JACOB</u>		
Mailing Address <u>1900 KENTUCKY ST. C</u>		
City <u>LAWRENCE</u>	County <u>KANSAS</u>	Zip Code <u>66046</u>
Telephone <u>785-691-8400</u>	Email <u>LAWHS1989@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."

1-10-25
(Date)

Steve Jacob
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS