

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

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <u>Yolanda Franklin</u>		
Street		
City	County	Zip Code
Home Telephone		Business Telephone
Office Sought		District No.

TREASURER

Date Appointed <u>5-14-23</u>		
Name <u>Joel Gallegos Jr.</u>		
Address <u>539 Ohio ST</u>		
City <u>Lawrence</u>	Zip Code <u>66044</u>	
Home Telephone <u>913-549-6348</u>	Business Telephone <u>913-549-6348</u>	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone		Business Telephone
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone		Business Telephone

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.”

5-16-23
(Date)

Yolanda Franklin
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS