

**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 <i>Dustin Stumblingbear</i>	Street <i>220 Mount Hope Ct #2</i>	City <i>Lawrence</i>	County <i>Douglas</i>	Zip Code <i>66044</i>
Home Telephone	Business Telephone			
Office Sought <i>County Commissioner</i>	District No. <i>1</i>			

**TREASURER**

Date Appointed <i>01/10/2022</i>	
Name <i>Dustin Stumblingbear</i>	
Address <i>220 Mount Hope Ct. #2</i>	
City <i>Lawrence</i>	Zip Code <i>66044</i>
Home Telephone	Business Telephone

**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.”

01/10/2022  
 (Date)

*Dustin Stumblingbear*  
 (Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**