

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 | DR. JUSTIN SPIETHS | | |
| Street | 3904 KIMOS CIRCLE | | |
| City | County | Zip Code | |
| LAWRENCE | DG | 66049 | |
| Home Telephone | 785-764-7256 | Business Telephone | |
| Office Sought | DG CO COMMISSIONER | District No. | 1 |

TREASURER

| | | | |
|----------------|--------------------|--------------------|--|
| Date Appointed | 4-13-22 | | |
| Name | DR. JUSTIN SPIETHS | | |
| Address | 3904 KIMOS CIRCLE | | |
| City | Zip Code | | |
| LAWRENCE | 66049 | | |
| Home Telephone | 785-764-7256 | Business Telephone | |

OR CANDIDATE COMMITTEE

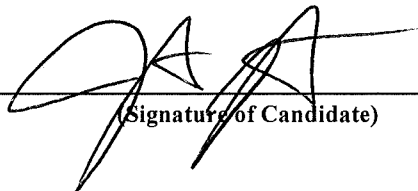
| | | | |
|--------------------|--------------------|--|--|
| Date Appointed | | | |
| Chairperson's Name | | | |
| Address | | | |
| City | Zip Code | | |
| Home Telephone | Business Telephone | | |
| Treasurer's Name | | | |
| Address | | | |
| City | Zip Code | | |
| Home Telephone | Business Telephone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

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."

4-13-22

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS