

**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	DR. JUSTIN SPIEHS		
Street	3904 KIMOS CIRCLE		
City	LAWRENCE	County	DG
Home Telephone	785-764-7256	Business Telephone	
Office Sought	DG CO COMMISSIONER		
	District No. 1		

**TREASURER**

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

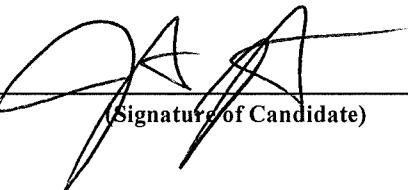
**OR CANDIDATE COMMITTEE**

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**