

**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	Sara Taliaferro		
Street	2145 New Hampshire St		
City	Lawrence	County	Douglas
		Zip Code	66046
Home Telephone	785-842-9754	Business Telephone	-
Office Sought	County Commissioner		District No. 2

**TREASURER**

Date Appointed	6-1-2020		
Name	Leslie Soden		
Address	1721 Sycamore Circle		
City	Lawrence	Zip Code	66046
Home Telephone	785-312-4314	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."

June 1, 2020  
(Date)

Sara L. Taliaferro  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**