## **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 Kim L. Murphou
Street 418 Minnesota Street
City aurence County Oouglas Zip Code lele 044
Home Telephone 785-550-2995  Business Telephone 785-550-2995
Office Sought Donglas County Register of Deeds District No.
)
TREASURER
Date Appointed 5/24/2020
Name Judy 12. Lewis
Address 2019 Mest (ot Street
City. Lawrence Zip Code lele D49
Home Telephone 785-418-5178 Business Telephone 785-842-1138
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 brrect and complete. I understand that the intentional failure to file this document or intentionally filing lise document is a class A misdemeanor."  SAA AOSO  SAA AOSO
(Date) (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**Governmental Ethics Commission** 

Rev.2000