

**APPOINTMENT OF**  
**TREASURER OR CANDIDATE COMMITTEE FORM**  
**FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)

Initial Appointment

Amended Statement

CH-07-2024  
2024 EDITION  
DO NOT USE

**CANDIDATE**

(Please Type or Print)

Name	Adam T. Rains		
Mailing Address	3502 Yale Rd		
City	Lawrence	County	Douglas
Telephone	785-477-1727	Email	adam.RainsforTreasurer@gmail.com
Office Sought	County Treasurer		
	District No.		

**TREASURER**

Date Appointed	3-11-2024		
Name	Terry Manies		
Mailing Address			
City			
Telephone			
Email			

**OR CANDIDATE COMMITTEE**

Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

**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."

3-11-2024

(Date)

Adam T. Rains

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS