

**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 <i>Austin Stumblingsbear</i>		
Street <i>220 Mount Hope Ct. #2</i>		
City <i>Lawrence</i>	County <i>Douglas</i>	Zip Code <i>66044</i>
Home Telephone	Business Telephone	
Office Sought <i>City Commissioner</i>	District No.	

TREASURER

Date Appointed <i>1 February 2023</i>		
Name <i>Austin Stumblingsbear</i>		
Address <i>220 Mount Hope Ct. #2</i>		
City <i>Lawrence</i>	Zip Code <i>66044</i>	
Home Telephone	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."

1 February 2023
(Date)

Austin Stumblingsbear
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS