

**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 <u>SHANNON REID</u>			
Mailing Address <u>804 WALNUT ST.</u>			
City <u>LAWRENCE</u>	County <u>DOUGLAS</u>	Zip Code <u>66044</u>	
Telephone <u>(785) 979-5993</u>	Email <u>SHANNON SHANNON4COMMISSIONER@GMAIL.COM</u>		
Office Sought <u>DOUGLAS COUNTY COMMISSIONER</u>			District No. <u>2</u>

TREASURER

Date Appointed <u>JUNE 3, 2020</u>	
Name <u>ELISE TOWEY</u>	
Mailing Address <u>2347 MASSACHUSETTS ST.</u>	
City <u>LAWRENCE</u>	Zip Code <u>66046</u>
Telephone <u>(785) 218-9036</u>	Email

OR CANDIDATE COMMITTEE

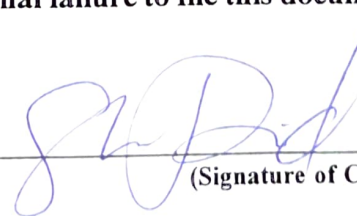
Date Appointed	
Chairperson's Name	
Mailing Address	
City	Zip Code
Telephone	Email
Treasurer's Name	
Mailing Address	
City	Zip Code
Telephone	Email

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."

03/03/24

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS