

**APPOINTMENT OF A CAMPAIGN TREASURER
BY A CANDIDATE**

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NAME

MS

Candren

A

Shelton

**3 CANDIDATE
MAILING**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6000 W 111 A D W 1 B 55108

**4 CANDIDATE
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

Date

Receipt #

Amount \$

(469)

751 7774

Date Processed