

**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>JOLIE LIPPITT</u>			
Mailing Address <u>424 SW WESTERN AVE</u>			
City <u>TOPEKA</u>	County <u>Shawnee</u>	Zip Code <u>66606</u>	
Telephone <u>608 770 7691</u>	Email <u>jlippitt101@gmail.com</u>		
Office Sought <u>City Council (2025)</u>	District No. <u>1</u>		

**TREASURER**

Date Appointed <u>8-22-2023</u>			
Name <u>JOLIE Lippitt</u>			
Mailing Address <u>424 SW WESTERN AVE</u>			
City <u>TOPEKA</u>	Zip Code <u>66606</u>		
Telephone <u>608 770 7691</u>	Email <u>jlippitt101@gmail.com</u>		

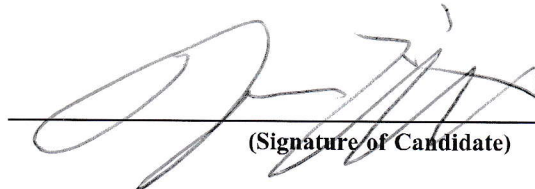
**OR CANDIDATE COMMITTEE**

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."

8/22/23  
(Date)

  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**