

**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>Brett Kell</u>		
Street <u>3749 SE Truman Ave</u>		
City <u>Topeka</u>	County <u>Shawnee</u>	Zip Code <u>66609</u>
Home Telephone <u>785-640-2530</u>	Business Telephone	
Office Sought <u>Topeka City Council</u>	District No. <u>5</u>	

**TREASURER**

Date Appointed <u>3/7/25</u>		
Name <u>Brett Kell</u>		
Address <u>3749 SE Truman Ave</u>		
City <u>Topeka</u>	Zip Code <u>66609</u>	
Home Telephone <u>785-640-2530</u>	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.”

3/7/25

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

MAR 7 2025 PM 5:08