

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

| | | | |
|--|---------------------------------|-----------------------|--|
| Name <i>A. Bryan Chapman</i> | | | |
| Mailing Address <i>514 Ashton</i> | | | |
| City <i>Sedgewick</i> | County <i>Harvey</i> | Zip Code <i>67135</i> | |
| Telephone <i>316-651-6244</i> | Email <i>chapabc@swBell.net</i> | | |
| Office Sought <i>Mayor City of Sedgewick</i> | District No. | | |

TREASURER

| | | | |
|-----------------------------------|---------------------------------|--|--|
| Date Appointed | | | |
| Name <i>Bryan Chapman</i> | | | |
| Mailing Address <i>514 Ashton</i> | | | |
| City <i>Sedgewick, KS</i> | Zip Code <i>67135</i> | | |
| Telephone <i>316-651-6244</i> | Email <i>chapabc@swBell.net</i> | | |

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.”

5-12-2025
(Date)

Bryan Chapman
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS