## **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 Nic TRAMMe!
Street 1708 SW Chelsen Dr.
City Topeka County Shawwe Zip Code 66604
City Topeka County Shawar Zip Code 66604  Home Telephone 310-400-6189  Business Telephone 310-400-6189
Office Sought Fireka City Council Distaict 9 District No. 9
Riphan City Collinary, VIIIII 1
TREASURER
Date Appointed 30 MAY 2925
Name Clack TRAMACI
Address 1147 SW Rowcolph Ave
City Topeka Zip Code 66604
Home Telephone 785 - 213 - 5090 Business Telephone V/A —
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 to brrect and complete. I understand that the intentional failure to file this document or intentionally filinglise document is a class A misdemeanor."  30 MAY 2425
30 MAY 2025 (Date) (Signature of Candidate)
SEE REVERSE SIDE FOR INSTRUCTIONS

Rev.2000

**Governmental Ethics Commission**