

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

RECEIVED
MAY 17 2016

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

CANDIDATE

Name <u>Brett Daniel 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>785-640-2580</u>	Business Telephone	
Office Sought <u>House of Rep</u>	District No. <u>58</u>	

TREASURER

Date Appointed <u>5/17/16</u>		
Name <u>Brett Daniel Kell</u>		
Address <u>3749 SE Truman Ave</u>		
City <u>Topeka</u>	Zip Code <u>66609</u>	
Home Telephone <u>785-640-2580</u>	Business Telephone	

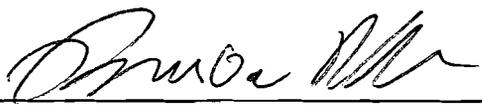
OR CANDIDATE COMMITTEE

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."

5/17/16
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS