

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

JUN 08 2016
KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

Name <u>Brandon Whipple</u>	
Street <u>4455 S. Washington Ct.</u>	
City <u>Wichita</u>	County <u>Sedgwick</u> Zip Code <u>67216</u>
Home Telephone <u>316-290-9447</u>	Business Telephone
Office Sought <u>St. House of Rep.</u>	District No. <u>96</u>

TREASURER

Date Appointed <u>10/6/09</u>	
Name <u>Chelsea Whipple</u>	
Address <u>4455 S. Washington Ct.</u>	
City <u>Wichita</u>	Zip Code <u>67216</u>
Home Telephone <u>316-993-4672 316-290-9447</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."

5/30/10
(Date)


(Signature of Candidate)

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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate

Candidate Name: **Brandon Whipple**
Address: **2925 S Walnut St**
Address2:
City: **Wichita** Zip: **67217**
Home Phone: **(316) 290-9447** Business Phone: Cell Phone:
County: **Sedgwick** Email Address: **brandon@whippleforkansas.com**
Office Sought: **State Representative** District No.: **96**

Treasurer

Date Appointed: **10/06/2009**
Treasurer Name: **Chelsea Whipple**
Address: **2925 S Walnut St**
Address2:
City: **Wichita** State: **KS** Zip: **67217**
Home Telephone: **(316) 243-2748** Business Phone: Cell Phone:
Email Address: **chelsea.whipple@gmail.com**

**Candidate
Committee**

Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

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.

Executed on:

Date: **7/27/2012 10:57:03 PM** Signature of Candidate: **Brandon Whipple**[Print this form](#) or [Go Back](#)