

Print this form or Go Back



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

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

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

Candidate Candidate Name: **Nelson R Gabriel**

Address: **2835 N 46th Street**

Address2:

City: **Kansas City** Zip: **66104**

Home Phone: Business Phone: **(913) 521-9410** Cell Phone: **(913) 313-5438**

County: **Wyandotte** Email Address: **ngabe@nelsongabriel.com**

Office Sought: **State Representative** District No.: **35**

Treasurer Date Appointed: **03/06/2020**

Treasurer Name: **Timmy Hood**

Address: **2720 N 46th Street**

Address2:

City: **Kansas City** State: **KS** Zip: **66104**

Home Telephone: Business Phone: **(913) 521-9410** Cell Phone: **(816) 785-2157**

Email Address: **bishoptlhood@nelsongabriel.com**

Candidate Date Appointed:

Committee Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address:

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: **5/6/2022 4:08:26 PM** Signature of Candidate: **Nelson R Gabriel**