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**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: **Bradley W Barrett**
Address: **425 Van Buren St**
Address2:
City: **Osage City** Zip: **66523**
Home Phone: **(913) 755-1696** Business Phone: Cell Phone:
County: **Osage** Email Address: **brad@vote4barrett.com**
Office Sought: **State Representative** District No.: **76**

Treasurer

Date Appointed: **04/05/2024**
Treasurer Name: **Sarah Barrett**
Address: **PO BOX 139**
Address2:
City: **Osage City** State: **KS** Zip: **66523**
Home Telephone: Business Phone: Cell Phone:
Email Address: **sarahbarrettpaint@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:
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: **8/11/2024 8:55:14 PM** Signature of Candidate: **Bradley W Barrett**

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

Candidate

Candidate Name: **Bradley W Barrett**
Address: **123 Market St**
Address2:
City: **Osage City** Zip: **66523**
Home Phone: **(913) 755-1696** Business Phone: Cell Phone:
County: **Osage** Email Address: **brad@vote4barrett.com**
Office Sought: **State Representative** District No.: **76**

Treasurer

Date Appointed: **04/05/2024**
Treasurer Name: **Sarah Barrett**
Address: **PO BOX 139**
Address2:
City: **Osage City** State: **KS** Zip: **66523**
Home Telephone: Business Phone: Cell Phone:
Email Address: **sarahbarrettpaint@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:
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: **7/27/2024 9:38:04 AM** Signature of Candidate: **Bradley W Barrett**

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Candidate
Candidate Name: **Bradley W Barrett**
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City: **Osage City** Zip: **66523**
Home Phone: **(913) 755-1696** Business Phone: Cell Phone:
County: **Osage** Email Address: **brad@vote4barrett.com**
Office Sought: **State Representative** District No.: **76**

Treasurer
Date Appointed: **04/05/2024**
Treasurer Name: **Sarah Barrett**
Address: **123 Market St**
Address2:
City: **Osage City** State: **KS** Zip: **66523**
Home Telephone: Business Phone: Cell Phone:
Email Address: **sarahbarrettpaint@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:
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: **4/17/2024 5:58:47 AM** Signature of Candidate: **Bradley W Barrett**

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

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE (Please Type or Print)

Name <i>Bradley Barrett</i>			
Mailing Address <i>123 Market St</i>			
City <i>Osage City</i>	County <i>Osage</i>	Zip Code <i>66523</i>	
Telephone <i>913-755-1696</i>	Email <i>Bradley Barrett 355@gmail.com</i>		
Office Sought <i>State Representative</i>	District No. <i>76</i>		

TREASURER

Date Appointed <i>4-5-24</i>			
Name <i>Sarah Barrett</i>			
Mailing Address <i>123 Market St</i>			
City <i>Osage City</i>	Zip Code <i>66523</i>		
Telephone <i>816-258-0698</i>	Email <i>sarahbarrettpaint@gmail.com</i>		

OR CANDIDATE COMMITTEE

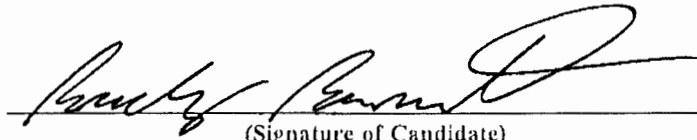
Date Appointed		RECEIVED
Chairperson's Name		
Mailing Address		APR 05 2024
City	Zip Code	SCOTT SCHWAB SECRETARY OF STATE
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

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."

4-5-24

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS