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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: **Lewis C Bloom**
Address: **1901 FRONTIER RD**
Address2:
City: **CLAY CENTER** Zip: **67432**
Home Phone: **(785) 630-1068** Business Phone: Cell Phone:
County: **Clay** Email Address: **lewiscbloom@gmail.com**
Office Sought: **State Representative** District No.: **64**

Treasurer Date Appointed: **04/11/2022**
Treasurer Name: **Jolene Close**
Address: **325 20th RD**
Address2:
City: **Clay Center** State: **KS** Zip: **67432**
Home Telephone: Business Phone: Cell Phone: **(785) 447-0183**
Email Address: **jclove325@gmail.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: **5/26/2022 10:55:40 AM** Signature of Candidate: **Lewis C Bloom**

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

RECEIVED
APR 11 2022
KS Governmental Ethics Commission

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

Name	Lewis (Bill) Bloom		
Mailing Address	1901 Frontier Road		
City	County	Zip Code	
Telephone	Email		
Office Sought	District No.		

TREASURER

Date Appointed	1 APR 22		
Name	Jolene Close (CPA)		
Mailing Address	325 20 th Rd		
City	County	Zip Code	
Telephone	Email		

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City	County	Zip Code	
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	County	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."

4-5-22

(Date)

Lewis C. Bloom

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS