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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**