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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: **Craig Bowser**

Address: **21717 K16 HIGHWAY**

Address2:

City: **HOLTON** Zip: **66436**

Home Phone: **(469) 767-7011** Business Phone: Cell Phone:

County: Email Address: **craigbowser@sbcglobal.net**

Office Sought: **State Senator** District No.: **1**

Treasurer

Date Appointed: **10/01/2024**

Treasurer Name: **Erin Bowser**

Address: **21717 K16 Highway**

Address2:

City: **Holton** State: **KS** Zip: **66436**

Home Telephone: **(785) 969-9646** Business Phone: Cell Phone:

Email Address: **gavinsmama79@yahoo.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: **10/16/2024 9:24:21 AM** Signature of Candidate: **Craig Bowser**

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Address: **21717 K16 HIGHWAY**
Address2:
City: **HOLTON** Zip: **66436**
Home Phone: **(469) 767-7011** Business Phone: Cell Phone:
County: Email Address: **craigbowser@sbcglobal.net**
Office Sought: **State Senator** District No.: **1**

Treasurer Date Appointed: **11/23/2022**
Treasurer Name: **Bryan Clark**
Address: **1502 Brookdale Drive**
Address2:
City: **Atchison** State: **KS** Zip: **66002**
Home Telephone: **(785) 851-0001** Business Phone: Cell Phone:
Email Address: **bclark318@yahoo.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: **11/23/2022 10:14:26 AM** Signature of Candidate: **Craig Bowser**