

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: **Lori C Blake**

Address: **301 E Kansas**

Address2: **PO Box 67**

City: **Assaria** Zip: **67416**

Home Phone: Business Phone: Cell Phone: **(785) 822-4677**

County: **Saline** Email Address: **loriblake4KS@gmail.com**

Office Sought: **State Representative** District No.: **69**

Treasurer

Date Appointed: **04/02/2024**

Treasurer Name: **John Quinley**

Address: **910 Oak Ln**

Address2:

City: **Salina** State: **KS** Zip: **67401**

Home Telephone: Business Phone: Cell Phone: **(785) 819-4608**

Email Address: **jquinley@cox.net**

**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: **7/26/2024 4:39:44 PM** Signature of Candidate: **Lori C. Blake**

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR ^{State} ~~LOCAL~~ OFFICE

RECEIVED

APR 12 2024

SCOTT SCHWAB
SECRETARY OF STATE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name Lori Blake		
Mailing Address PO Box 67		
City Assaria	County Salina	Zip Code 67416
Telephone 7858224677	Email loriblake4ks@gmail.com	
Office Sought House of Representatives	District No. 69	

TREASURER

Date Appointed 4/11/2024		
Name John Quinley		
Mailing Address 910 Oak Ln		
City Salina	Zip Code 67401	
Telephone 785-823-7413	Email jquinley@cox.net	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
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."

4/11/2024

(Date)

Lori Blake

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS