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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: **Fred A Postlewait**
Address: **3215 W. 43rd. Ave.**
Address2:
City: **Kansas City** Zip: **66103**
Home Phone: Business Phone: Cell Phone: **(913) 951-1698**
County: **Wyandotte** Email Address: **fredbkpostlewait@yahoo.com**
Office Sought: **State Board of Education** District No.: **2**

Treasurer

Date Appointed: **05/31/2024**
Treasurer Name: **Cheryl Postlewait**
Address: **3215 W. 43rd. Ave.**
Address2:
City: **Kansas City** State: **KS** Zip: **66103**
Home Telephone: Business Phone: Cell Phone: **(913) 449-1601**
Email Address: **lcdewey2002@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: **5/31/2024 7:08:05 PM** Signature of Candidate: **Fred A Postlewait**