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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: **Sheila B Albers**

Address: **9943 W 152nd Terrace**

Address2:

City: **Overland Park** Zip: **66221**

Home Phone: **(913) 787-3512** Business Phone: Cell Phone: **(913) 787-3512**

County: **Johnson** Email Address: **sheila@albershcs.org**

Office Sought: **State Board of Education** District No.: **3**

**Treasurer** Date Appointed: **06/03/2022**

Treasurer Name: **David Benson**

Address: **12829 Cambridge Rd**

Address2:

City: **Leawood** State: **KS** Zip: **66209**

Home Telephone: **(319) 573-9700** Business Phone: Cell Phone: **(319) 573-9700**

Email Address: **davidbensonphd@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: **6/7/2022 4:00:50 PM** Signature of Candidate: **Sheila B Albers**

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**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: **6/4/2022 10:20:28 AM** Signature of Candidate: **Sheila Albers**