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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**