



**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: **David L Benson**  
Address: **4829 W 144th Terrace**  
Address2:  
City: **Leawood** Zip: **66224**  
Home Phone: **(329) 573-9700** Business Phone: Cell Phone:  
County: **Johnson** Email Address: **Davidbensonphd@yahoo.com**  
Office Sought: **State Representative** District No.: **27**

**Treasurer**

Date Appointed: **06/04/2024**  
Treasurer Name: **Sheila Albers**  
Address: **9943 W 152nd Terrace**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66221**  
Home Telephone: **(913) 787-3512** Business Phone: Cell Phone:  
Email Address: **Sheila@albershcs.org**

**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: **6/4/2024 3:42:42 PM** Signature of Candidate: **David Benson**