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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: **Henry M Helgerson**  
Address: **12 E Peachtree Lane**  
Address2:  
City: **Wichita** Zip: **67207**  
Home Phone: **(316) 644-4173** Business Phone: **(316) 943-1851** Cell Phone: **(316) 644-4173**  
County: **Sedgwick** Email Address: **henry@henryhelgerson.com**  
Office Sought: **State Representative** District No.: **83**

**Treasurer** Date Appointed: **06/23/2020**  
Treasurer Name: **Kathy Siebert**  
Address: **5330 Crestview**  
Address2:  
City: **Wichita** State: **KS** Zip: **67208**  
Home Telephone: **(316) 684-0478** Business Phone: Cell Phone: **(316) 461-7786**  
Email Address: **siebekm@gmail.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: **6/23/2020 10:07:37 AM** Signature of Candidate: **Henry Helgerson**

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