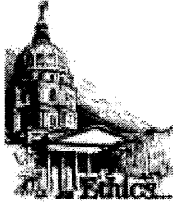


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee Name: **Libertarian Party of Kansas**
Address: **P.O. Box 2456**
Address2:
City: **Wichita** State: **KS** Zip: **67201-2456**
Business Phone: **(785) 979-9284**
Email Address: **tim.giblin@lpks.org**

Chairperson Name: **Tim Giblin**
Address: **4401 W 24th Pl**
Address2:
City: **Lawrence** State: **KS** Zip: **66047**
Home Telephone: Business Phone:
Email Address: **tgiblin53@gmail.com**

Treasurer Name: **Eric Lund**
Address: **3003 Lakeview Cir S.**
Address2:
City: **Paola** State: **KS** Zip: **66071**
Home Telephone: Business Phone:
Email Address: **eslund9@aol.com**

Affiliated or Connected Organizations Name: **Libertarian Party of Kansas**
Address: **P.O. Box 2456**
Address2:
City: **Wichita** State: **KS** Zip: **67201-2456**

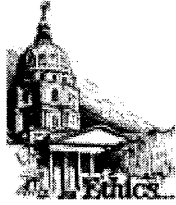
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I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **5/5/2022 1:24:05 PM** Signature of Chairperson: **Tim Giblin**

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Office (785) 296-4219
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ethics.kansas.gov

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee Name: **Libertarian Party of Kansas**

Address: **P.O. Box 2456**

Address2:

City: **Wichita** State: **KS** Zip: **66208**

Business Phone:

Email Address: **chair@lpks.org**

Chairperson Name: **Rob Hodgkinson**

Address: **16310 Kenneth Road**

Address2:

City: **Stilwell** State: **KS** Zip: **66085**

Home Telephone: **(913) 980-9269** Business Phone:

Email Address: **chair@lpks.org**

Treasurer Name: **Ric Koehn**

Address: **P.O. Box 468**

Address2:

City: **Cimarron** State: **KS** Zip: **67835**

Home Telephone: **(620) 227-8195** Business Phone:

Email Address: **treasurer@lpks.org**

Affiliated or Name: **Libertarian Party**

Connected Address: **1444 Duke Street**

Organizations Address2:

City: **Alexandria** State: **VA** Zip: **22314**

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Executed on:

Date: **9/2/2021 9:51:47 AM** Signature of Chairperson: **Rob Hodgkinson**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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KS Governmental Ethics Commission

This is a (check one)	<input type="checkbox"/>	Party Committee	<input type="checkbox"/>	Political Action Committee
This is an (check one)	<input type="checkbox"/>	Initial Statement	<input checked="" type="checkbox"/>	Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Libertarian Party of Kansas		
Mailing Address (Street, City, State, Zip Code)	P.O. Box 2456 Wichita KS 67201-2456		Business Telephone (913) 980-9269

CHAIRPERSON

Name	Rob Hodgkinson	Home Telephone (913) 980-9269
Mailing Address (Street, City, State, Zip Code)	16310 Kennth Road Stilwell KS 66085	Business Telephone ()

TREASURER

Name	Ric Koehn	Home Telephone (620) 227-8195
Mailing Address (Street, City, State, Zip Code)	P.O. Box 468 Cimarron KS 67835	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

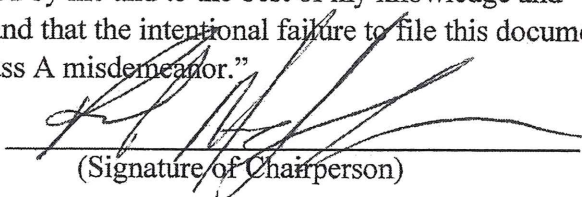
Name	
Mailing Address (Street, City, State, Zip Code)	

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SIGNATURE:

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5/17/21
(Date)


(Signature of Chairperson)