

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

Governmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

	This is a (Check one) E Party committee PAC
	This is an (Check one) 🔲 Initial Appointment 🛛 🗹 Amended Statement
Committee	Name: Third District Libertarian Party of Kansas
	Address: 4900 W 108th St Apt 1202
	Address2:
	City: Leawood State: KS Zip: 66211
	Business Phone:
	Email Address:
Chairperson	Name: Jeff Caldwell
	Address: 4900 W 108th St Apt 1202
	Address2:
	City: Leawood State: KS Zip: 66211
	Home Telephone: Business Phone:
	Email Address: jeff4liberty@me.com
Treasurer	Name: Jeff Caldwell
	Address: 4900 W 108th St Apt 1202
	Address2:
	City: Leawood State: KS Zip:66211
	Home Telephone: Business Phone:
	Email Address: jeff4liberty@me.com
	Name: Libertarian Party of Kansas
	Address: P.O. Box 2456
	Address2:
	City: Wichita State: KS Zip: 67201
	If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
I declare that	this statement has been examined by me and to the best of my knowledge and belief is true, correct and complet

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: 7/25/2016 4:38:21 AM Signature of Chairperson: Jeff Caldwell, II

Print this form or Go Back

May. 9. 2016 3:38PM

No. 1703 P. 2

STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES		
(See Reverse Side For Instructions) This is a (check one) X Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement		
This is a (check one) X Party Committee Political Action Committee This is a (check one) Initial Statement Amended Statement May Image: Solution Committee This is an (check one) Initial Statement Amended Statement May Image: Solution Committee COMMITTEE (PLEASE TYPE OR PRINT) Solution Commentation Image: Solution Commentation Image: Solution Commentation Name This is an (check one) Image: Solution Commentation Image: Solution Commentation Image: Solution Committee Name Mailing Address (Street, City, State, Zip Code) Business Telephone Image: Solution Committee		
Mailing Address (Street, City, State, Zip Code) 4700 U. 108 ⁻¹ St, Leawood, KS, 66211 (913) 484-8404		
CHAIRPERSON Name Jeff G Hwell, II. Home Telephone (9/3)484-8404		
Mailing Address (Street, City, State, Zip Code) <u>4900</u> <u>1.08⁺⁶ StApt. 1202, Leawood, KS, 11(913)</u> <u>286-6200 x 43322</u>		
TREASURER Name Home Telephone Jeff GlJwell, II (9/3) 484-8404		
Mailing Address (Street, City, State, Zip Code) 4900 W 108 ^{+ h} St Apt 1202, Leaund KS 66211(913) 288-6200 × 43322 AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Libertarian Party Of Kansas		
Mailing Address (Street, City, State, Zip Code) PO BOX 2456, U:Ch:ta, KS, 6720/		
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.		
SIGNATURE: "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."		
<u>S/9/16</u> (Date) Governmental Ethics Commission Rev.2000		