

[Print this form](#) or [Go Back](#)



**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: **(816) 810-5818**
Email Address: **ned.kelley1@gmail.com**

Chairperson Name: **Edwin Kelley**
Address: **2913 W 44th PL**
Address2:
City: **Kansas City** State: **KS** Zip: **66103**
Home Telephone: Business Phone: **(816) 810-5818**
Email Address: **ned.kelley1@gmail.com**

Treasurer Name: **Ric Koehn**
Address: **P.O. Box 468**
Address2:
City: **Cimarron** State: **KS** Zip: **67835**
Home Telephone: Business Phone:
Email Address: **ric.koehn@gmail.com**

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

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 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: **5/1/2019 1:36:34 PM** Signature of Chairperson: **Edwin Kelley**

[Print this form](#) or [Go Back](#)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

This is a (check one)	<input checked="" 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

APR 27 2017

COMMITTEE (PLEASE TYPE OR PRINT)

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

CHAIRPERSON

Name	Kristine Hogan	Home Telephone	(913) 240-9008	
Mailing Address (Street, City, State, Zip Code)	107 Ferncliff Lansing KS 66043		Business Telephone	(913) 240-9008

TREASURER

Name	Ric Hoehn	Home Telephone	(620) 255-2854	
Mailing Address (Street, City, State, Zip Code)	PO Box 468 the Cimarron KS 67835		Business Telephone	(620) 227-8195

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Libertarian Party
Mailing Address (Street, City, State, Zip Code)	2600 Virginia Ave Ste 200 Washington D.C. 20037

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."

4/27/17
(Date)

Kristine Hogan
(Signature of Chairperson)