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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: **620 N Rock Road Suite 230 #156, Derby KS, 67037**
Address2:
City: **Derby** State: **KS** Zip: **67037**
Business Phone: **(785) 979-9284**
Email Address: **tgiblin53@gmail.com**

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: **Ric Koehn**
Address: **P.O. Box 468, Cimarron, KS 67835**
Address2:
City: **Cimarron** State: **KS** Zip: **67835**
Home Telephone: Business Phone: **(620) 255-2854**
Email Address: **ric.koehn@gmail.com**

**Affiliated or
Connected
Organizations**

Name: **National Libertarian Party**
Address: **1444 Duke St.**
Address2:
City: **Alexandria** State: **VA** Zip: **22314**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

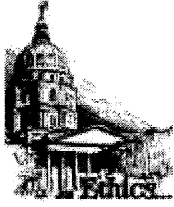
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **5/1/2024 7:28:24 PM** Signature of Chairperson: **Tim Giblin**

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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**

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

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