STATEMENT OF ORGANIZATION AUFOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RONTHORNOF STATE (See Reverse Side For Instructions) SECRETARY OF STATE This is a (check one)
(See Reverse Side For Instructions)
SECHIE This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name <u>PAOLA VOLUNTEER FIREFICHTERS FOR THE FUTURE OF PAOLA</u> Mailing Address (Street, City, State, Zip Code) <u>PAOLA, KS 66071 (913)709-0198</u>
CHAIRPERSON Name MARY DASHIELL (913) 294-9049
Mailing Address (Street, City, State, Zip Code) GEL RESELSED PAOLA, KS 66071 (913)709-6198
TREASURER
Name LUKE DEGRANDE Home Telephone (9/3)731-996/
Mailing Address (Street, City, State, Zip Code)Business TelephoneB CRESTVIEW DRIVE(913)294-5544
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. <u>VOLUNTEER</u> FIREFIGHTERS/CITY OF PAOLA KANSAS AND DIAMI COUNTY RURAL FIRE DISTRICT #1
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>A-17-05</u> (Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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