

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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 Junction City Firefighters Pac 3309
Mailing Address (Street, City, State, Zip Code) 6813 old milford Rd. Milford, MS 66514
Business Telephone (785) 238-6822

CHAIRPERSON

Name Tom Ohm Home Telephone (785) 349-5581
Mailing Address (Street, City, State, Zip Code) 2753 F Ave White City KS 66872
Business Telephone ( )

TREASURER

Name Dennis Wetklow Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) 6813 old milford Rd. Milford KS 66514
Business Telephone (785) 762-2204

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Junction City Firefighters Local 3309
Mailing Address (Street, City, State, Zip Code) PO Box 1281 Junction City KS 66441

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."

7-3-08 (Date)

(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

**RECEIVED**  
 JAN 11 2008  
 Governmental Ethics Commission  
 109 WEST 9TH STREET  
 TOPEKA, KANSAS 66612

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Junction City Fire Fighters PAC 3309</i>	
Mailing Address (Street, City, State, Zip Code) <i>6813 Old Milford Rd. Milford KS 66514</i>	Business Telephone <i>(785) 238-6822</i>

CHAIRPERSON

Name <i>Tom Ober</i>	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) <i>2252 E Ave. White City KS 66872</i>	Business Telephone <i>(785) 349-5581</i>

TREASURER

Name <i>Dennis Wetklow</i>	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) <i>6813 Old Milford Rd. Milford KS 66514</i>	Business Telephone <i>(785) 762-2204</i>

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.

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."

*1-11-08*  
(Date)

*[Signature]*  
(Signature of Chairperson)

FILED

SEP 09 2005

RON THORNBURGH  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
SEP 9 2005  
Governmental Ethics Commission  
106 WEST 8TH STREET  
TOPEKA, KANSAS 66604

(See Reverse Side For Instructions)

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 type="checkbox"/> Amended Statement

### COMMITTEE (PLEASE TYPE OR PRINT)

Name J. C. Firefighters PAC 3309

Mailing Address (Street, City, State, Zip Code) P.O. Box 1281 Junction City, MO 66441 Business Telephone (785) 238-6822

### CHAIRPERSON

Name Thomas L Ohm Home Telephone (785) 349-5581

Mailing Address (Street, City, State, Zip Code) 2753 F AVE white City KS 66872 Business Telephone (785) 238-6822

### TREASURER

Name Dennis Wetklow Home Telephone (785) 762-2204

Mailing Address (Street, City, State, Zip Code) P.O. Box 1281 Junction City KS 66441 Business Telephone (785) 238-6822

### 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.

\_\_\_\_\_

### 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."

9-1-05  
(Date)

Thomas L Ohm  
(Signature of Chairperson)