

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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KS Governmental Ethics Commission

(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

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Emporia Firefighters Local 818</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 566 Emporia Ks 66801</i>	Business Telephone ()

CHAIRPERSON

Name <i>Russel Stucky</i>	Home Telephone (620) 392-5644
Mailing Address (Street, City, State, Zip Code) <i>316 E. Exchange Emporia Ks 66801</i>	Business Telephone ()

TREASURER

Name <i>Eric Gilger</i>	Home Telephone (620) 343-9645
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 566 Emporia Ks 66801</i>	Business Telephone ()

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."

10-30-2007
(Date)

E. Gilger
(Signature of Chairperson)