

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

Coffeyville Firefighters Local 265

Mailing Address (Street, City, State, Zip Code)

Business Telephone

P.O. BOX 114 Coffeyville, KS 67337 (620) 252-6169

CHAIRPERSON

Name

Josh Mecom

Home Telephone

(620) 688-0670

Mailing Address (Street, City, State, Zip Code)

Business Telephone

204 N Parkview Coffeyville, KS 67337 (620) 252-6169

TREASURER

Name

Mike O'Connor

Home Telephone

(620) 870-0655

Mailing Address (Street, City, State, Zip Code)

Business Telephone

405 Warwick Coffeyville KS 67337 (620) 252-6169

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Coffeyville Firefighters Local 265

Mailing Address (Street, City, State, Zip Code)

P.O. BOX 114 Coffeyville, KS 67337

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."

11-16-10

(Date)

(Signature of Chairperson)