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STATEMENT OF ORGANIZATION

KS Governmental Ethics Co

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	^{ssio} n
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee	
This is an (check one) Initial Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Local #265 Pac-Fund	
Mailing Address (Street, City, State, Zip Code) Business Telephone PO Box 114 Collegalle KS 67337 (620) 252-6148	
CHAIRPERSON	
Name Home Telephone	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
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TREASURER	
Name Mike O'Connor Home Telephone	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name TAFF Local 265	
Mailing Address (Street, City, State, Zip Code) PG Box 114 Coffeyille, 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 helief 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." (Signature of Chairperson)	

Governmental Ethics Commission

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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 Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Home Telephone Name Mecom (GO)688-0670 Mailing Address (Street, City, State, Zip Code) 304 N Parkview Coffeyville, KS 67337 Business Telephone (620) 252-6169 TREASURER Home Telephone Name Mike O'Connor (620) 870 - 0655 Mailing Address (Street, City, State, Zip Code) Business Telephone (620) 252-6169 405 Warwick Cofferville KS 67337 AFFILIATED OR CONNECTED ORGANIZATIONS Name (offerville Firefighters Local 265) Mailing Address (Street, City, State, Zip Code) BOX_/14 Cofferville, 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."

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