

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Junction City Firefighters PAC 3309</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 1251 Junction City VT 05301</i>	Business Telephone ( )

CHAIRPERSON

Name <i>IAN STRICKLAND</i>	Home Telephone <i>(785) 702-5097</i>
Mailing Address (Street, City, State, Zip Code) <i>5624 Gordon St Willard VT 05374</i>	Business Telephone <i>(785) 824-2722</i>

TREASURER

Name <i>Tom Doleand</i>	Home Telephone <i>(785) 233-4684</i>
Mailing Address (Street, City, State, Zip Code) <i>1029 W. Ash St Junction City VT 05301</i>	Business Telephone <i>(785) 323-1190</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Junction City Firefighters PAC 3309</i>
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 1251 Junction City VT 05301</i>

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."

12-21-12  
(Date)

  
(Signature of Chairperson)