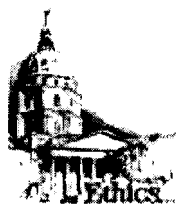


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

**Committee** Name: **Wichita District Dental PAC**

Address: **1821 N. Rock Road**

Address2:

City: **Wichita** State: **KS** Zip: **67207**

Business Phone: **(316) 721-6000**

Email Address:

**Chairperson** Name: **Ted Mason**

Address: **11700 Wilshire**

Address2:

City: **Wichita** State: **KS** Zip: **67207**

Home Telephone: **(316) 685-2953** Business Phone: **(316) 685-5321**

Email Address: **ted@masonandmasondentistry.com**

**Treasurer** Name: **Ken Dillehay**

Address: **1821 N. Rock Road**

Address2:

City: **Wichita** State: **KS** Zip: **67206**

Home Telephone: **(316) 722-0857** Business Phone: **(316) 683-6578**

Email Address: **ken@toothmovers.org**

**Affiliated or** Name: **Wichita District Dental Society**

**Connected** Address: **P.O. Box 9530**

**Organizations** Address2:

City: **Wichita** State: **KS** Zip: **67277**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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.**

Executed on:

Date: **11/24/2014 1:26:27 PM** Signature of Chairperson: **Ted Mason**

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## STATEMENT OF ORGANIZATION

FILED

AUG 14 2012

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(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

Wichita District Dental Society Political Action Committee

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

201 S. Teane East Drive Ste 101  
Wichita, KS 67207

Business Telephone

(316) 685-5321

## CHAIRPERSON

Name

Ted O. Mason

Home Telephone

(316) 685-2953

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

11700 Wilshire, Wichita, KS 67207

Business Telephone

(316) 685-5321

## TREASURER

Name

Ken Dillehay

Home Telephone

316 (722) 722-0857

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

1821 N. Rock Road Wichita 67206

Business Telephone

(316) 683-6518

## 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.

Dental Practice

## 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."

(Date)

(Signature of Chairperson)