STATEMENT OF ORGANIZATION

JUN 24 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Ins	tructions)
This is a (check one) Party Committee	Political Action Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR P	RINT)
Name Fire PAC 2119	
Mailing Address (Street, City, State, Zip Code) Po Box BS Hays, ICS 6760/	Business Telephone (785) 650 - 3237
CHAIRPERSON	
Name Johannes	Home Telephone (785) 766 4966
Mailing Address (Street, City, State, Zip Code) 1210 = 32nd Hays, K5 67601	Business Telephone
TREASURER	
Name Luke Scoby	Home Telephone (785) 650 - 3237
Mailing Address (Street, City, State, Zip Code) 244 General Custer Rd. Hays, KS 4760/	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Local 2119 Firefighters Union	
Mailing Address (Street, City, State, Zip Code)	
PO Box 85 Hays, 1CS 6760/	
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 belief is true, correct and complete. I understand that the intent or intentionally filing a false document is a class A misdemeaner.	tional failure to file this document
$\frac{6-21-16}{\text{(Date)}}$ (Signature	of Chairperson)
Governmental Ethics Commission	Rev.2000

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Ins	structions)	RECEIVED
This is a (check one) Party Committee	Political Action Committee	NEOLIVEL
This is an (check one) Initial Statement	Amended Statement	AUG 11 201
,	<u> </u>	KRIS W. KOBA
COMMITTEE (PLEASE TYPE OR P	RINT)	SECRETARY OF S
Name Loss & Med Box	PAC Local # 2	2119
Mailing Address (Street, City, State, Zip Code)	Business Telephone (765) 2-9-	5253
CHAIRPERSON Hay 5 6 760 (
Name ()	Home Telephone	
Ross D. Medon	(785) 259-5	253
Mailing Address (Street, City, State, Zip Code) 1426 F Leed 10+ Rd- Hays KS	Business Telephone	
TREASURER 67601		
Name Luke J. Scaly	Home Telephone (785) 650	3237
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Local # 2119 Hays K.	 S.	
Mailing Address (Street, City, State, Zip Code) Hays K	2760(
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 intended intended in the standard standard in a standard standard in a standard standar	,	nent
or intentionally filing a false document is a class A misdemean	or.	
$\frac{\sqrt{\text{Date}}}{\text{(Date)}}$ (Signature	of Chairperson)	_
	or champerson)	D 0000
Governmental Ethics Commission		Rev.2000