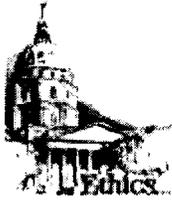


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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

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 Connected Organizations Name: **Wichita District Dental Society**
Address: **P.O. Box 9530**
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

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AUG 14 2012

AUG 15 2012
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KRIS W. KOBACH
GOVERNOR OF KANSAS

KS Governmental Ethics Commission

(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 *Wichita District Dental Society Political Action Committee*

Mailing Address (Street, City, State, Zip Code) *201 S. Teane East Drive #2601
Wichita, KS 67207*

Business Telephone *(314) 685-5321*

CHAIRPERSON

Name *Ted O. Mason*

Home Telephone *(314) 685-2953*

Mailing Address (Street, City, State, Zip Code) *11700 Wilshire, Wichita, KS 67207*

Business Telephone *(314) 685-5321*

TREASURER

Name *Ken Dillehay*

Home Telephone *314 (722) 722-0857*

Mailing Address (Street, City, State, Zip Code) *1821 N. Rock Road Wichita 67206*

Business Telephone *(314) 683-6578*

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."

8/9/12

(Date)

Ted O. Mason

(Signature of Chairperson)