

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED
JAN 12 2018
KRIS W. KOBACH
SECRETARY OF STATE

(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 Fire Pac 2119 | |
| Mailing Address (Street, City, State, Zip Code) PO Box 85 Hays, KS 67601 | Business Telephone (785) 259-6890 |

CHAIRPERSON

| | |
|--|------------------------------------|
| Name Tim Detrixhe | Home Telephone (785) 259-6890 |
| Mailing Address (Street, City, State, Zip Code) 425 W 12th Hays, KS 67601 | Business Telephone () |

TREASURER

| | |
|---|------------------------------------|
| Name Justin Choitz | Home Telephone (785) 635-5193 |
| Mailing Address (Street, City, State, Zip Code) 2502 Indian Trail Hays, KS 67601 | Business Telephone () |

AFFILIATED OR CONNECTED ORGANIZATIONS

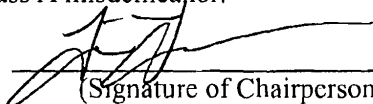
| |
|---|
| Name Hays Firefighters Local 2119 |
| Mailing Address (Street, City, State, Zip Code) PO Box 85 Hays, KS 67601 |

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."

1-8-18
(Date)


(Signature of Chairperson)

STATEMENT OF ORGANIZATION

JUN 24 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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 checked="" type="checkbox"/> Amended Statement |

COMMITTEE (PLEASE TYPE OR PRINT)

| | |
|--|---|
| Name <i>Fire PAC 2119</i> | |
| Mailing Address (Street, City, State, Zip Code) <i>PO Box 85 Hays, KS 67601</i> | Business Telephone <i>(785) 650-3237</i> |

CHAIRPERSON

| | |
|--|--------------------------------------|
| Name <i>Travis Johannes</i> | |
| Home Telephone <i>(785) 766-4966</i> | |
| Mailing Address (Street, City, State, Zip Code) <i>1210 E 32nd Hays, KS 67601</i> | Business Telephone <i>() ()</i> |

TREASURER

| | |
|--|--------------------------------------|
| Name <i>Luke Scoby</i> | |
| Home Telephone <i>(785) 650-3237</i> | |
| Mailing Address (Street, City, State, Zip Code) <i>2214 General Custer Rd. Hays, KS 67601</i> | Business Telephone <i>() ()</i> |

AFFILIATED OR CONNECTED ORGANIZATIONS

| | |
|--|--|
| Name <i>Local 2119 Firefighters Union</i> | |
| Mailing Address (Street, City, State, Zip Code) <i>PO Box 85 Hays, KS 67601</i> | |

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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."

6-21-16
(Date)


(Signature of Chairperson)