

# 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	Lawrence Professional Fire Fighters Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
912 Biltmore Ct	( 785 )	766-2976

### CHAIRPERSON

Name	Home Telephone	
Nathan Coffman	( 785 )	766-2976
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
912 Biltmore Ct	( )	

### TREASURER

Name	Home Telephone	
Robert Garrison	( 785 )	424-4337
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
915 Oliver's Ct	( )	

### AFFILIATED OR CONNECTED ORGANIZATIONS

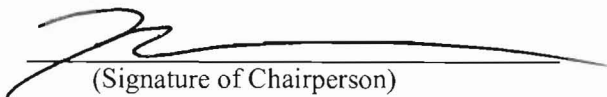
Name	
Mailing Address (Street, City, State, Zip Code)	

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

### 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."

11/3/20  
(Date)

  
(Signature of Chairperson)

Governmental Ethics Commission

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KS Governmental Ethics Commission

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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: **Lawrence Professional Firefighters PAC**Address: **P.O. Box 442229**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Business Phone:

Email Address:

**Chairperson**Name: **Nathan Coffman**Address: **912 Biltmore Court**

Address2:

City: **Lawrence** State: **KS** Zip: **66049**Home Telephone: **(785) 766-2976** Business Phone:Email Address: **ncoffman@iafflocal1596.org****Treasurer**Name: **Robert Garrison**Address: **1113 Pennsylvania**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**Home Telephone: **(785) 424-4337** Business Phone:Email Address: **dgarrison@iafflocal1596.org****Affiliated or Connected Organizations**Name: **I.A.F.F. Local 1596- Lawrence Professional Firefighters Association**Address: **P.O. Box 442229**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

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**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: **2/5/2011 9:26:33 PM** Signature of Chairperson: **Nathan N. Coffman**[Print this form](#) or [Go Back](#)