

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

**RECEIVED**  
 JUL 25 2022  
 SCOTT SCHWAB  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Manhattan FireFighter L 2275	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1310 Westloop Pl. Ste. A # 277	( 785 ) 317-2521	

CHAIRPERSON

Name	Home Telephone
Tim Davenport	( )
Mailing Address (Street, City, State, Zip Code)	Business Telephone
3004 Peconwood Manhattan KS 66503	( 785 ) 341-0876

TREASURER

Name	Home Telephone
Andrew Brinkman	( )
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1310 Westloop Pl. Ste. A # 277 Manhattan KS. 66503	( 620 ) 820-9869

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Manhattan FireFighter L 2275
Mailing Address (Street, City, State, Zip Code)	1310 Westloop Pl. Ste. A # 277 Manhattan KS, 66502

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

FireFighter

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."

7-19-2022  
(Date)

Timothy L Davenport  
(Signature of Chairperson)

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

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Manhattan Firefighter L2275 PAC**

Address: **1310 Westloop Pl. Ste. A #277**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Business Phone:

Email Address:

**Chairperson** Name: **Tim Davenport**

Address: **3004 Pecanwood Dr.**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Home Telephone: Business Phone:

Email Address: **timmaryd@cox.net**

**Treasurer** Name: **Benjamin Rankin**

Address: **3145 Ella Ln**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Home Telephone: Business Phone: **(402) 618-4333**

Email Address: **bnrnkn@gmail.com**

**Affiliated or** Name: **IAFF Local 2275**

**Connected** Address: **2000 Denison Ave.**

**Organizations** Address2:

City: **Manhattan** State: **KS** Zip: **66502**

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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: **1/19/2021 6:21:49 PM** Signature of Chairperson: **Tim Davenport**

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