FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	1	(See instruction	Office														
		(Occ mondonor	10)					Of	fice use o	nly							
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: over the li	If typying, type nes	e	12F	E4M	5									
Oshkosh Cor	poration Employ	ees Political Acti	on Commit	tee (OCEPA	(C)		ш				ட	لب					
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ADDRESS (number and	d street)	. Box 2566		1 1 1 1		1 1					ш	ш					
(Check if add	230	7 Oregon Street	<u> </u>	1 1 1 1	1 1	1 1	1 1	1 1	1 1	1 1							
is changed)		ikosh				W		Ш	549	03 _	250	66					
COMMITTEE'S E-M/	AIL ADDRESS		CITY▲			STAT	E▲		ZIP CODE 🛦								
chairman@ot	cepac.com					1 1		1 1				1					
COMMITTEE'S WEE	B PAGE ADDRESS (JRL)								 							
N/A												1					
												ш,					
											ш						
COMMITTEE'S FAX	NUMBER																
با لبنا																	
2. DATE 0 .		2008															
3. FEC IDENTIFIC	ATION NUMBER	•	C C00304	477													
4. IS THIS STATE	MENT NE	W (N) OR	X	AMENDED (A	A)												
I certify that I have exam	nined this Statement ar	d to the best of my know	wledge and beli	ef it is true, corr	ect and	l compl	ete										
Type or Print Name o	f Treasurer	Dave Sagehorn															
Signature of Treasure	er Electronically Fil	ed by Dave Sage	horn		. [Date	0		D 2	9 /	Ý Ž	0 [°] 0 8					
NOTE: Submission of f		mplete information may							of 2 U.S	.C. S43	7g.						
Office Use Only			Fede Toll	further informa eral Election Col Free 800-424-9 Il 202-694-1100	mmissi 530				_	FOF							

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	FEOForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	or party
3.	Name of Any Connected Organization or Affiliated Committee	
l	Oshkosh Corporation	.
-	Mailing Address 2307 Oregon Street	
	P.O. Box 2566	
	Oshkosh WI 5490)3 _
	CITY▲ STATE ▲ ZII	P CODE A
	Relationship Connected Organization	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

	Oshkosh Cor	poration Employ	ees Political Action Commi	ttee (OCEPAC)														
		ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.																
	Full Name	Carol Kastrin	os		1 1 1 1 1 1 1 1 1													
	Mailing Address		c/o PASS, 1020 N. Fa	c/o PASS, 1020 N. Fairfax Street														
			Fifth Floor															
			Alexandria		22314													
	Title or Position \	,	CITY A	STATE ▲	ZIP CODE A													
		Assistant Treasu	irer	Telephone number														
}.	Treasurer: List name and add	t the name and acress of any design Dave Sageho	nated agent (e.g., assistant tre	nal) of the treasurer of the com asurer).	nmittee; and the													
			P.O. Box 2566															
	Mailing Address																	
			2307 Oregon Street															
			Oshkosh		54903													
	Title or Position \	•	CITY A	STATE A	ZIP CODE A													
		T reasurer	CITY A	STATE A Telephone number														
				920														
	Full Name of Designated	Treasurer		920														
	Full Name of Designated Agent	Treasurer	nos	920														
	Full Name of Designated Agent	Treasurer	nos P.O. Box 2566	920														
	Full Name of Designated Agent	Treasurer Carol Kastrin	P.O. Box 2566 2307 Oregon Street	Telephone number	2359151													

FEC Form 1	(Revised 02/2003)	
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citizens First Credit Union

Page 4

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Name of Bank, De	Name of Bank, Depository, etc.																														
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Form/Schedule:F1A

Transaction ID: F1A

Amended to change corporation and PAC name.