

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Oshkosh Corporation Employees Political Action Committee (OCEPAC)

ADDRESS (number and street)

P.O. Box 2566

(Check if address is changed)

2307 Oregon Street

Oshkosh

WI

54903

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

chairman@ocepac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

M M / D D / Y Y Y Y
10 / 01 / 2008

3. FEC IDENTIFICATION NUMBER

C C00304477

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

R. Scott Grennier

Signature of Treasurer

Electronically Filed by R. Scott Grennier

Date

M M / D D / Y Y Y Y
10 / 01 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	C _____
2. _____	FEC ID number	C _____
3. _____	FEC ID number	C _____
4. _____	FEC ID number	C _____
5. _____	FEC ID number	C _____

Write or Type Committee Name

Oshkosh Corporation Employees Political Action Committee (OCEPAC)

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Oshkosh Corporation

Mailing Address **P.O. Box 2566**
2307 Oregon Street
Oshkosh **WI** **54903**
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Carol Kastrinos**
Mailing Address **c/o PASS 1020 N. Fairfax Street**
Fifth Floor
Alexandria **VA** **22314**
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number **703** - **684** - **2915**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **R. Scott Grennier**
Mailing Address **P.O. Box 2566**
2307 Oregon Street
Oshkosh **WI** **54903**
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number **920** - **235** - **9151**

Full Name of Designated Agent

Carol Kastrinos

Mailing Address

P.O. Box 2566

2307 Oregon Street

Oshkosh

WI

54903

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

920

235

9151

9. 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

Mailing Address

250 N. Sawyer Street

Oshkosh

WI

54901

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Image# 28992287806

Form/Schedule: **F1A**
Transaction ID: **F1A**

This amendment updates 1) The Committee's email address. 2) The Treasurer's Full Name. 3) The Asst. Treasurer's (Carol Kastrinos) State in the Mailing Address.
