

FILED

JUL 28 2004

FOR THORNBL...  
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

JUL 27 2004  
Governmental Ethics Commission

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input 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	LAWRENCE TEACHERS PAC	
Mailing Address (Street, City, State, Zip Code)	66049	Business Telephone
4701 WOODLAND DRIVE, LAWRENCE KS		(785) 843-7358

CHAIRPERSON

Name	PAULA HATCHER	Home Telephone
		(785) 843-7358
Mailing Address (Street, City, State, Zip Code)	66049	Business Telephone
4701 WOODLAND DRIVE LAWRENCE KS		(785) 832-6050

TREASURER

Name	PAULA HATCHER	Home Telephone
		(785) 843 7358
Mailing Address (Street, City, State, Zip Code)	66049	Business Telephone
4701 WOODLAND DRIVE LAWRENCE KS		(785) 832 6050

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	LEA - LAWRENCE EDUCATION ASSOCIATION
Mailing Address (Street, City, State, Zip Code)	4701 WOODLAND DRIVE LAWRENCE KS 66049

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."

7-23-04  
(Date)

Paula Hatcher  
(Signature of Chairperson)