

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED  
JUN 21 2010  
SECRETARY OF STATE

(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: FRIENDS OF THE F.O.P.  
 Mailing Address (Street, City, State, Zip Code): 7844 LEAVENWORTH RD. KANSAS CITY, KS. 66109  
 Business Telephone: (913) 788-4367

CHAIRPERSON

Name: SCOTT HOWARD Home Telephone: (913) 634-6660  
 Mailing Address (Street, City, State, Zip Code): 935 MANORCREST DR. K.C., KS. 66101  
 Business Telephone: ( )

TREASURER

Name: STEVE LOPEZ Home Telephone: (913) 980-3969  
 Mailing Address (Street, City, State, Zip Code): 4505 N. 121<sup>ST</sup> TERR. K.C., KS. 66109  
 Business Telephone: ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

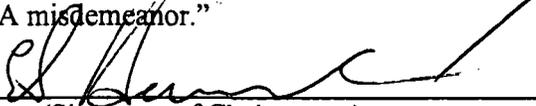
Name: F.O.P. LODGE #4  
 Mailing Address (Street, City, State, Zip Code): 7844 LEAVENWORTH RD. KANSAS CITY, KS. 66109

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."

6/17/2010  
(Date)

  
(Signature of Chairperson)

FILED  
JUL 28 2005  
RAE THORNBURGH  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION

RECEIVED  
27 2005

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

Governmental Ethics Commission  
100 WEST 9TH STREET  
TOPEKA, KANSAS 66612

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: FRIENDS OF THE FOP LODGE #4

Mailing Address (Street, City, State, Zip Code): 7844 LEAVENWORTH RD K.C.Ks 66109

Business Telephone: (913) 788-4367

CHAIRPERSON

Name: SCOTT HOWARD

Home Telephone: (913) 634-6610

Mailing Address (Street, City, State, Zip Code): 4127 N. 123 TERR KANSAS CITY, Ks. 66109

Business Telephone: (913) 634-6610

TREASURER

Name: STEVE LOPEZ

Home Telephone: (913) 980-3969

Mailing Address (Street, City, State, Zip Code): 900 S. 57 TERR K.C. Ks. 66106

Business Telephone: (913) 980-3969

AFFILIATED OR CONNECTED ORGANIZATIONS

Name:

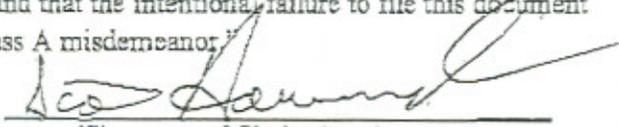
Mailing Address (Street, City, State, Zip Code): 7846 LEAVENWORTH RD

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."

07-27-05  
(Date)

  
(Signature of Chairperson)