

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

MAR 16 2011

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

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	LAWRENCE POLICE OFFICERS ASSOC. - PAC		
Mailing Address (Street, City, State, Zip Code)	PO BOX 442182 LAWRENCE, KS 66044		Business Telephone

CHAIRPERSON

Name	MIKE MCATEE		Home Telephone
Mailing Address (Street, City, State, Zip Code)	PO BOX 442182 LAWRENCE, KS 66044		Business Telephone (785) 423-0693

TREASURER

Name	ROBERT NEFF		Home Telephone (785) 550-6354
Mailing Address (Street, City, State, Zip Code)	PO BOX 442182 LAWRENCE, KS 66044		Business Telephone

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	LAWRENCE POLICE OFFICERS ASSOC.		
Mailing Address (Street, City, State, Zip Code)	PO BOX 442182 LAWRENCE, KS 66044		

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."

3/9/11
(Date)

 LPOA - PAC
(Signature of Chairperson)