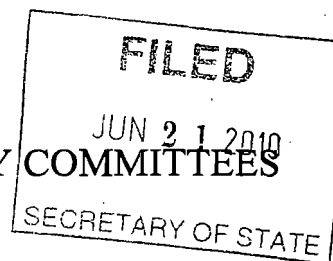


STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES



(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)	66109	Business Telephone	
7844 LEAVENWORTH RD. KANSAS CITY, KS. (913) 788-4367			

CHAIRPERSON

Name	SCOTT HOWARD		Home Telephone	(913) 634-6610
Mailing Address (Street, City, State, Zip Code)	K.C., KS.	Business Telephone		
935 MANORCREST DR. 66101 ()				

TREASURER

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

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)