

# STATEMENT OF ORGANIZATION

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## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JUL 01 2010

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

This is a (check one) ☐ Party Committee ☒ Political Action Committee  
This is an (check one) ☐ Initial Statement ☐ Amended Statement

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Lawrence Teachers Association Political Action  
Mailing Address (Street, City, State, Zip Code) 1530 New Hampshire St. Lawrence KS 66044 Business Telephone (785) 330-1641

### CHAIRPERSON

Name John Bode Home Telephone (785) 843-8571  
Mailing Address (Street, City, State, Zip Code) 1530 New Hampshire St. Lawrence KS 66044 Business Telephone (785) 330-1641

### TREASURER

Name John Bode Home Telephone (785) 843-8511  
Mailing Address (Street, City, State, Zip Code) 1530 New Hampshire St. Lawrence KS 66044 Business Telephone (785) 330-1641

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name \_\_\_\_\_  
Mailing Address (Street, City, State, Zip Code) \_\_\_\_\_

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Teachers of the Lawrence Public Schools, USD 497,  
and other employees who contribute through LEA

### 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."

6/29/10  
(Date)

John Bode  
(Signature of Chairperson)