

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(See Reverse Side For Instructions)

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

MAR 10 2011

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

FRIENDS OF POLICE

Mailing Address (Street, City, State, Zip Code)

P.O. Box 1601 Topeka KS 66601

Business Telephone

CHAIRPERSON

Name

KILEY RICE

Home Telephone

(785) 230-4119

Mailing Address (Street, City, State, Zip Code)

P.O. Box 1601 Topeka KS 66601

Business Telephone

TREASURER

Name

PAT SALMON

Home Telephone

(785) 633-2414

Mailing Address (Street, City, State, Zip Code)

P.O. Box 1601 Topeka KS 66601

Business Telephone

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

FEDERAL ORDER OF POLICE

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.


LAW ENFORCEMENT

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."

3-11-2011

(Date)



(Signature of Chairperson)