STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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	·	(See Reverse Side For	Instructions)	ية بي سمني
	This is a (check one)	Party Committee	Political Action Committee	HECENER
	This is an (check one)	Initial Statement	Amended Statement	AUG 179019
COMMITTEE		(PLEASE TYPE O	R PRINT)	STATISTICS AND A COM
	ence Police	e Officers	Assoc PAC	
	ss (Street, City, State		Business Telephone	
CHAIRPERSO	N			
Name // //	MAter	9	Home Telephone	
	ss (Street, City, State		Business Telephone 044 (785) 423-	0693
TREASURER				
Name 6	ct Neff		Home Telephone (785) 550-	6354
	ss (Street, City, State		Business Telephone	
AFFILIATED (OR CONNECTED C	RGANIZATIONS		
Name	rence for		ers Associat	501
	s (Street, City, State,	Zip Code)	ers Associat	
If not connected or	r affiliated with an org		ade, profession, or primary interes	
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SIGNATURE:			·	
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(Date)		(Signati	ure of Chairperson)	
Governmental Etl	hics Commission			Rev.2000

STATEMENT OF ORGANIZATION

-	FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
1	(See Reverse Side For Instructions)
M	AR 0 7 2012 This is a (check one) Party Committee Political Action Committee
K	RIS W. KOBACH This is an (check one) Initial Statement Amended Statement RETARY OF STATE
	COMMITTEE (PLEASE TYPE OR PRINT)
	Name / OCC - Association PAI
	Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Godff Business Telephone
	P.O. Box 442182 Lawrence Ks ()
	CHAIRPERSON
	Name Anthony Brixius (785)218-1737
	Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone
	TREASURER
	Name Telephone
	Mailing Address (Street, City, State, Zip Code)
	P.o. Box 442182 Lawrence, Kr 66017
	AFFILIATED OR CONNECTED ORGANIZATIONS
	Name Laurence Police Officers Association
	Mailing Address (Street, City, State, Zip Code) P.O Box 442182 Lawrence Ks. 66044
	P.O Box 442182 Lawrence, Ks. 66094
	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
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	(Date) (Signature of Chairperson)
	Governmental Ethics Commission Rev 2000

STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES MAR 16 201

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COMMITTE	E (PLEASE TYPE OR PRINT)
Name (A	URENCE POLICE OFFICERS ASSOC PAC
Mailing Addr	ress (Street, City, State, Zip Code) Business Telephone K 442182 CANSENSE KS 66844
CHAIRPERS	·
Name Mike	MCATE E Home Telephone
Mailing Addr	ress (Street, City, State, Zip Code) Business Telephone (785) 423-0693
TREASURE	3
Name Robe	Home Telephone VT NEFF (785) 550 - 6354
Mailing Addr	ress (Street, City, State, Zip Code) Business Telephone 442182 LAW revet KS 66044 (
•	O OR CONNECTED ORGANIZATIONS
Name LAN	STENEE POLICE OFFICERS ASSOC.
Mailing Addr	ess (Street, City, State, Zip Code) 442182 CAN SENCE ES 66044
-	or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
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SIGNATURE	· · · · · · · · · · · · · · · · · · ·
	this statement has been examined by me and to the best of my knowledge and correct and complete. I understand that the intentional failure to file this document
	y filing a false document is a class A misdemeanor."
3/9/	11 LPOA-PAC
(Dáte) /	(Signature of Chairperson)
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