	STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY C	FILED JUN 26 2014 OMMITTEES KRISW KOBACH SECRETARY OF STATE	
	(See Reverse Side For Instructions)		
	This is a (check one)	ittee	
	This is an (check one) Initial Statement Amended Statement		
	COMMITTEE (PLEASE TYPE OR PRINT)	]	
	Friends of the FOP TY		
	Mailing Address (Street, City, State, Zip Code) 66109 Business Teleph 4505 N. 121 <sup>57</sup> Terr. Karses City, KS(913) 98	10ne 0 - 3969	
	CHAIRPERSON		
	Name Mark Bundy Home Telephone (913) 20	7- 5715	
	Mailing Address (Street, City, State, Zip Code) 66109 Business Telepl	reet, City, State, Zip Code) 66109 Business Telephone Gia Ave. Kansses City, KS (913) 573-605Z	
	TREASURER		
• • •	NameStephenD.LopezSr.Home TelephoneMailing Address (Street, City, State, Zip Code)66109Business Telephone		
	Mailing Address (Street, City, State, Zip Code) 4505 N. 1215 Terr., Kansas Lity, KS (913) 980 -3969		
	AFFILIATED OR CONNECTED ORGANIZATIONS		
:	Name Fraternal Order of Pauce #4	Order of Police #4 ty, State, Zip Code) worth Rd., Kansas City, KS 66109	
	Mailing Address (Street, City, State, Zip Code) 7844 Leaven worth Rd., Kansas City, KS		
	If not connected or affiliated with an organization, identify the trade, profession, or primary i		
	SIGNATURE:	1	
	"I declare that this statement has been examined by me and to the best of my knowledge belief is true, correct and complete. I understand that the intentional failure to file this	-	
	or intentionally filing a false document is a class A misdemeanor."	document	
	04-74.2014		
	06-24-2014   (Signature of Chairperson)		
	Governmental Ethics Commission	Rev.2000	

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STATEMENT OF ORGANIZATION	FILED
FOR POLITICAL ACTION COMMITTEES AND PARTY	
(See Reverse Side For Instructions)	SECRETARY OF STATE
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 FRIENDS OF THE F.O.P.	
Mailing Address (Street, City, State, Zip Code) 66109 Business Tel 7844 LEAVENWORTH RD. KANSAS CITY, KS (913) 7	lephone 088-4367
CHAIRPERSON	7
Name Scott Howard (913)6	one 34 - 6610
Mailing Address (Street, City, State, Zip Code) K. C. K.S., Business Tel 135 MANORCREST DR. 66101 ()	
TREASURER	
Name Home Teleph STEVE LOPEZ (913)	one 980-3969
Mailing Address (Street, City, State, Zip Code) K. C. KS. Business Tel 4505 N. 121 TERR. 66109 ()	lephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name F. O. P. LOBGE#4	
Mailing Address (Street, City, State, Zip Code), 7844 LLAULNWORTH R.D., KANSAS CIT	Y. Ks. 66109
f not connected or affiliated with an organization, identify the trade, profession, or prima	ry interest of the contributors.
SIGNATURE:	
"I declare that this statement has been examined by me and to the best of my knowl belief is true, correct and complete. I understand that the intentional failure to file t or intentionally filing a false document is a class A misdemeanor."	- / /
6/17/2010 & June	
(Date) (Signature of Chairperson)	· ·