~

	This is a (check one) This is an (check one)	(See Reverse Side Party Commin Initial Statem	ttee	Political Action Commuter _{n;} Amended Statement	JAN 24 2014
Name Friend	This is an (check one)		ttee 🔽	Political Action Committee	* <i><u< i="">]4</u<></i>
Name Friend		Initial Statem			len.
Name Friend	· · · · · · · · · · · · · · · · · · ·			Amended Statement	ental Etnics Commis
		(PLEASE TYP	, · ·		
	ls of Police				
	ss (Street, City, State, 501 Topeka, KS 666		·	Business Telephone	
CHAIRPERSO	N				
Name James	Loghry (Secretary /	Acting Chairpe	rson)	Home Telephone (785) 845-4915	
	ss (Street, City, State, 1 01 Topeka, KS 666			Business Telephone (785) 251-2200	
TREASURER				·	
Name Mitche	Il Johnson		: <u></u> .	Home Telephone (785) 249-3117	7
Mailing Addre P.O. Box 1	ss (Street, City, State, 2 601 Topeka, KS 666	Zip Code) 601		Business Telephone (785) 251-2200	0
AFFILIATED	OR CONNECTED OF	RGANIZATIONS			
Name Frateri	nal Order of Police -	Lodge #3			
-	ss (Street, City, State, 2 41 Topeka, KS 6660				· · · · · · · · · · · · · · · · · · ·
not connected (or affiliated with an orga	mization, identify t	he trade, pro	ofession, or primary interest	of the contributor
	· · · · · · · · · · · · · · · · · · ·		·		
SIGNATURE:					
	,	examined by me	and to the	best of my knowledge and	L
elief is true, co	and the second	understand that th	ne intention	al failure to file this docur	
-24-1				1	

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee PlAK 1 U 201
This is an (check one) Initial Statement Amended Statement KS C Wornmonics and Commi
COMMITTEE (PLEASE TYPE OR PRINT)
Name FRIENDS OF POLICIE
Mailing Address (Street, City, State, Zip Code)
CHAIRPERSON
Name LIEY LICE Home Telephone (285) 230-4/19
Mailing Address (Street, City, State, Zip Code) H.O. ISOX (60) Business Telephone
TREASURER
Name AT Solmon (785) 633-2414
Mailing Address (Street, City, State, Zip Code) P.O. Lox (60 / 0Pt / 4 / 5 6660 ()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name FATERAIA ORDER OF FOLICE
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.
CAN ENFOREMENT
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."
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000