

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

RECEIVED
JUL 27 2015

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Lawrence Teachers PAC

Mailing Address (Street, City, State, Zip Code)
1530 New Hampshire St. Lawrence, KS 66044

Business Telephone
(785) 843-8511

CHAIRPERSON

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

TREASURER

Name John Bode

Home Telephone
(785) 841-8511

Mailing Address (Street, City, State, Zip Code)
1530 New Hampshire st., Lawrence, KS 66044

Business Telephone
(785) 330-1641

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Lawrence Education Association

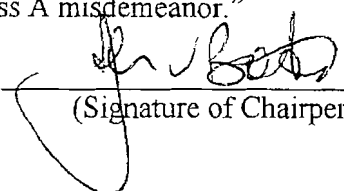
Mailing Address (Street, City, State, Zip Code)
Lawrence High School, 1901 Louisiana St. Lawrence, KS 66044

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 or intentionally filing a false document is a class A misdemeanor."

7/24/2015
(Date)


(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

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JUL 28 2014

KRIS W KOEACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Charlotte Anderson - LEA President
Mailing Address (Street, City, State, Zip Code) 1929 Ohio Lawrence KS 66046 Business Telephone (785) 330-1430

CHAIRPERSON

Name Lawrence Education Assn PR Cell (785) 691-9054
Mailing Address (Street, City, State, Zip Code) 1929 Ohio Lawrence KS 66046 Business Telephone (785) 330-1430

TREASURER

Name John Bode Home Telephone ()
Mailing Address (Street, City, State, Zip Code) 10 New York School Business Telephone () 832-5000

AFFILIATED OR CONNECTED ORGANIZATIONS

Name KNEA - state LEA - local
Mailing Address (Street, City, State, Zip Code) 715 SW 10th Ave Topeka KS 66612

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7/18/2014
(Date)

Charlotte Anderson
(Signature of Chairperson)

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)

[Signature]
(Signature of Chairperson)