

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

MAR 07 2016

KS Governor's Office

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Friends of Police	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 1601, Topeka, Kansas 66601	
Business Telephone	(785) 817-6175	

CHAIRPERSON

Name	Thad D. Winkelman	
Home Telephone	(785) 817-6175	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 1601, Topeka, Kansas 66601	
Business Telephone	()	

TREASURER

Name	Alexander Wall	
Home Telephone	()	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 1601, Topeka, Kansas 66601	
Business Telephone	(785) 368-9551	

AFFILIATED OR CONNECTED ORGANIZATIONS

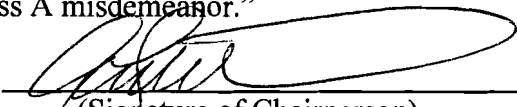
Name	Fraternal Order of Police Lodge #3 Topeka	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 1541, Topeka, Kansas 66601	

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
The PAC is made from the members of the Fraternal Order of Police Lodge #3 serving the Topeka and Shawnee County Law Enforcement Community.

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."

3-3-2016
(Date)


(Signature of Chairperson)

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SEP 22 2015

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COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Friends of Police</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 1601</i>	Business Telephone <i>(785) 817-6175</i>

CHAIRPERSON

Name <i>Thad Winkelman</i>	
Home Telephone <i>(785) 817-6175</i>	
Mailing Address (Street, City, State, Zip Code) <i>4437 SW Twiliger Dr Lyka 6614</i>	Business Telephone <i>(785) 290-8227</i>

TREASURER

Name <i>Thad Winkelman</i>	
Home Telephone <i>() SAME AS ABOVE</i>	
Mailing Address (Street, City, State, Zip Code) <i>(SAME)</i>	Business Telephone <i>()</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

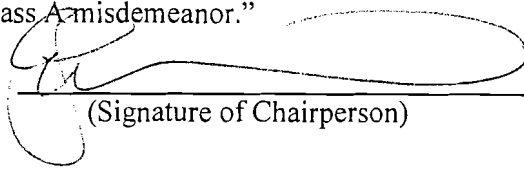
Name <i>FOP Lodge #3</i>	
Mailing Address (Street, City, State, Zip Code)	

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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."

9-2-2015
(Date)


(Signature of Chairperson)