

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

AUG 17 2012

COMMITTEE (PLEASE TYPE OR PRINT)

AG Commission, State Court System

Name Lawrence Police Officers Assoc. - PAC

Mailing Address (Street, City, State, Zip Code) P.O. Box 442182 Lawrence KS 66044 Business Telephone ()

CHAIRPERSON

Name Mike McAtee Home Telephone ()

Mailing Address (Street, City, State, Zip Code) P.O. Box 442182 Lawrence KS 66044 Business Telephone (785) 423-0693

TREASURER

Name Robert Neff Home Telephone (785) 550-6354

Mailing Address (Street, City, State, Zip Code) P.O. Box 442182 Lawrence KS 66044 Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Lawrence Police Officers Association

Mailing Address (Street, City, State, Zip Code) P.O. Box 442182 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."

8/14/12
(Date)

Mike McAtee LPOA - PAC
(Signature of Chairperson)