

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

RECEIVED
JUL 25 2018
KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name FRIENDS OF WYANDOTTE COUNTY FOP LODGE 40 POLITICAL ACTION COMMITTEE

Mailing Address (Street, City, State, Zip Code) PO BOX 172321 KANSAS CITY, KS 66117
Business Telephone (913) 334-4709

CHAIRPERSON

Name MARK D. SNELSON Home Telephone (913) 208-9292

Mailing Address (Street, City, State, Zip Code) 3417 N 57TH ST KANSAS CITY, KS 66104
Business Telephone (913) 573-2861

TREASURER

Name CHARLES E MORRIS Home Telephone (913) 334-4709

Mailing Address (Street, City, State, Zip Code) 8409 SANDUSKY AVE KANSAS CITY, KS 66112
Business Telephone () N/A

AFFILIATED OR CONNECTED ORGANIZATIONS

Name FRATERNAL ORDER OF POLICE, WYANDOTTE COUNTY LODGE 40

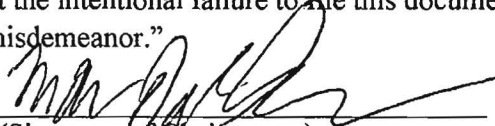
Mailing Address (Street, City, State, Zip Code) PO BOX 172321 KANSAS CITY, KS 66117

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

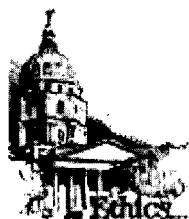
SIGNATURE:

"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."

7-18-18
(Date)


(Signature of Chairperson)

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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Friends of Wyandotte County FOP Lodge 40 PAC**

Address: **P O Box 172321**

Address2:

City: **Kansas City** State: **KS** Zip: **66117**

Business Phone: **(913) 334-4709**

Email Address: **cmorriskc@kc.rr.com**

Chairperson Name: **Scott Wood**

Address: **4646 Dover Ave**

Address2:

City: **Kansas City** State: **KS** Zip: **66106**

Home Telephone: **(913) 271-7874** Business Phone: **(913) 573-2861**

Email Address: **glory2hymn@gmail.com**

Treasurer Name: **Charles Morris**

Address: **8409 Sandusky Ave**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: **(913) 980-5800** Business Phone: **(913) 334-4709**

Email Address: **cmorriskc@kc.rr.com**

Affiliated or Connected Organizations Name: **Fraternal Order of Police, Wyandotte County Lodge 40**

Address: **P O Box 172321**

Address2:

City: **Kansas City** State: **KS** Zip: **66117**

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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.

Executed on:

Date: **7/22/2015 2:21:17 PM** Signature of Chairperson: **Scott A Wood**

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