

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

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MAR 22 2019

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Friends of Police PAC		
Mailing Address (Street, City, State, Zip Code)	PO Box 1601, Topeka, KS 66603		Business Telephone (785) 640-5477

CHAIRPERSON

Name	Michael Blood II	Home Telephone (785) 640-5477	
Mailing Address (Street, City, State, Zip Code)	PO Box 1601, Topeka, KS 66603		Business Telephone ()

TREASURER

Name	Michael Blood II	Home Telephone (785) 640-5477	
Mailing Address (Street, City, State, Zip Code)	PO Box 1601, Topeka, KS 66603		Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Fraternal Order of Police Lodge #3 Topeka		
Mailing Address (Street, City, State, Zip Code)	PO Box 1541, Topeka, KS 66601		

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."

3/22/19
(Date)


(Signature of Chairperson)