

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Lawrence Police Officers Association - PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
PO Box 442182 Lawrence, KS 66044	()	

CHAIRPERSON

Name	Andrew Fennelly	Home Telephone	(785) 760-5566
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
PO Box 442182 Lawrence, KS 66044	()		

TREASURER

Name	Derrick Smith	Home Telephone	(989) 450-9469
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
1319 Massachusetts Street Lawrence, KS 66044	()		

AFFILIATED OR CONNECTED ORGANIZATIONS

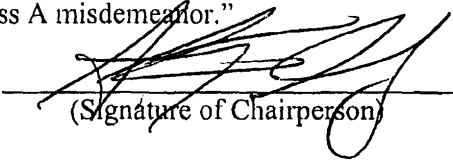
Name	Lawrence Police Officers Association
Mailing Address (Street, City, State, Zip Code)	
PO Box 442182 Lawrence, KS 66044	

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."

1/18/18
(Date)


(Signature of Chairperson)