STATEMENT OF ORGANIZATION	RECEIVED
STATEMENT OF OROAMZATION	DEC 1 7 2020
FOR POLITICAL ACTION COMMITTEES AND PARTYS COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee	ee
This is an (check one) Initial Statement Amended Statement	}
COMMITTEE (PLEASE TYPE OR PRINT)	
Name KANSAS CITY KS FRATERWAL ORDER ST POLICE LODSE #4	
Name KANSAS CITY KS FRATERINAL DADER 56 Police Lodse #4 Mailing Address (Street, City, State, Zip Code) Business Telephone BUSINESS TELEPHONE BUSINESS TELEPHONE	
CHAIRPERSON ()	
Name Home Telephone (913) 23	7-3292
Mailing Address (Street, City, State, Zip Code) 4516 N 73 ST- Kicks 66N )	
TREASURER	
Name Home Telephone (S13)980	-3969
Mailing Address (Street, City, State, Zip Code) POBOX 3574 KCKS 66103 () SA	one から
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
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." $\frac{12 - 15 - 25}{(Date)}$ (Signature of Chairperson)	

Governmental Ethics Commission

Rev.2000