

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Lawrence Professional Fire Fighters Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
912 Biltmore Ct	(785)	766-2976

CHAIRPERSON

Name	Home Telephone	
Nathan Coffman	(785)	766-2976
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
912 Biltmore Ct	()	

TREASURER

Name	Home Telephone	
Robert Garrison	(785)	424-4337
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
915 Oliver's Ct	()	

AFFILIATED OR CONNECTED ORGANIZATIONS

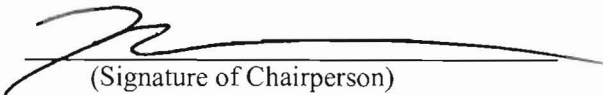
Name	
Mailing Address (Street, City, State, Zip Code)	

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."

11/3/20
(Date)


(Signature of Chairperson)

Governmental Ethics Commission

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