

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Postal Police Officers Association - Fraternal Order of Police, National Labor Council #2

ADDRESS (Number and street) PO Box 667124

X (Check if address is changed) Houston TX 77266 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS fredratliff@fopnrc2.org or johndukes@fopnrc2.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 / 26 / 2006

3. FEC IDENTIFICATION NUMBER C C00368001

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Tammy Michelson

Signature of Treasurer Electronically Filed by Tammy Michelson Date 01 / 26 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Postal Police Officers Association - Fraternal Order of Police, National Labor Council #

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Fred Ratliff**

Mailing Address **PO BOX 667124**

Houston TX 77266

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number 281 - 651 - 6922

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Fred Ratliff**

Mailing Address **PO BOX 667124**

Houston TX 77266

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number 281 - 651 - 6922

Full Name of Designated Agent **John Dukes**

Mailing Address **PO Box 342**

Landsdowne PA 19050

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Assistant Treasurer Telephone number 484 - 461 - 3087

