STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

INSTRUCTIONS. This statement must be completed by each person required to do so by K.S.A. 75-4301a. Upon completion, mail or hand deliver your completed statement to the office where you filed your declaration of candidacy. If appointed to fill a vacancy in a local elective office, file this form where your predecessor filed for office.

	PI	LEASE TYPE OR PI	RINT	
A. <u>IDENTIFICATI</u>	ON:			
Stevens	Anthony	J	(A.J.)	
Last Name	First Name	MI		
Carrie Brooke S	tevens			
Spouse's Name				
613 N. 6th St				
Number & Street N	lame, Apartment Number,	Rural Route, or P.O. E	ox Number	
Baldwin City, KS	6, 66006			
City, State, Zip Coo 815-993-8725	de			
Home Phone		443-443-4	Business Phone	
B. OFFICE SOUG	HT, HELD OR APPOIN	VTED TO:		
City Council				
List Name of Office				
Position	District			
	CO	NTINUED ON NEX	TPAGE CI NOC ZON	
Date received (Offic	ial use only)		FORMULACE CONSULT OF E DONGFOR CONSULT OF E WECHAED	

Governmental Ethics Commission

Rev. 2001

E.	RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses
	from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit
	conferred on you or your spouse in return for services rendered, or to be rendered), which was reportable as taxable
	income on your federal income tax returns.

1.	YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR
	YEAR.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1. Ottawa University		1001 S. Cedar St	University	
2.				

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here _____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1. Ottawa University		1001 S. Cedar St, Ottawa, KS	University	
2. Carrie Stevens Attorney at Law		613 N. 6th St, Baldwin City, Kร	Self employed attorney	

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position as officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section "F", check here _____.

BUSINESS NAME AND ADDRESS	POSITION HELD HE WHO	LD BY OM
_{1.} Carrie Stevens Attorney at Law	Attorney Spo	ouse
613 N. 6th St., Baldwin City, KS 66006		
2.		
3.		
4.		
5.		

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF	HELD BY
			INTERESTS HELD	WHOM
1.				
2.				
3.				
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10.				

D. GIFTS IN THE FORM OF GOODS OR SERVICES: List any person, business or combination of businesses from which you or your spouse either individually or collectively, have received in the preceding 12 months, without reasonable and valuable consideration, goods or services having an aggregate value of \$500 or more. If you have nothing to report in Section "D", check here _✓_.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED		ADDRESS	RECEIVED BY:
1.				
2.				
3.		1		

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or the combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section "G", check here ✓.

57 59 5	NAME OF CLIENT / CUSTOMER	7.3	ADDRESS	RECEIVED BY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

H. <u>DECLARATION:</u>

1,	, deciate that this statement of substantial interests (including any
correct and complete	and statements) has been examined by me and to the best of my knowledge and belief is a true, statement of all of my substantial interests and other matters required by law. I understand that to file this statement as required by law or intentionally filing a false statement is a class B
6/9/2017	My Man
Date	Signature of Person Making Statement

dealess that this statement of substantial interests (including any

NUMBER OF ADDITIONAL PAGES ____

Anthony Jay Stevens