

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.

PLEASE TYPE OR PRINT

A. IDENTIFICATION:

Sellers Amber S

Last Name First Name MI

N/A

Spouse's Name

5100 W. 6th St. Apt. A1

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Lawrence, KS 66049

City, State, Zip Code

316-204-1769

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

City Commission (Lawrence)

List Name of Office

City Commissioner N/A

Position

District

CONTINUED ON NEXT PAGE

Date received (Official use only)

MAY 24 21 AM 11:28
DOUGLAS COUNTY CLERK

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. Please attach additional pages if necessary to complete this section.
 If you have nothing to report in Section "C", check here .

| BUSINESS NAME AND ADDRESS | TYPE OF BUSINESS | DESCRIPTION OF INTERESTS HELD | HELD BY WHOM |
|---------------------------|------------------|-------------------------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 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. | | |

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. | KS Dept of Health and Environment | 1000 SW Jackson St. Ste 200 Topeka, KS 66612 | State Gov't |
| 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. | | | |
| 2. | | | |

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 | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

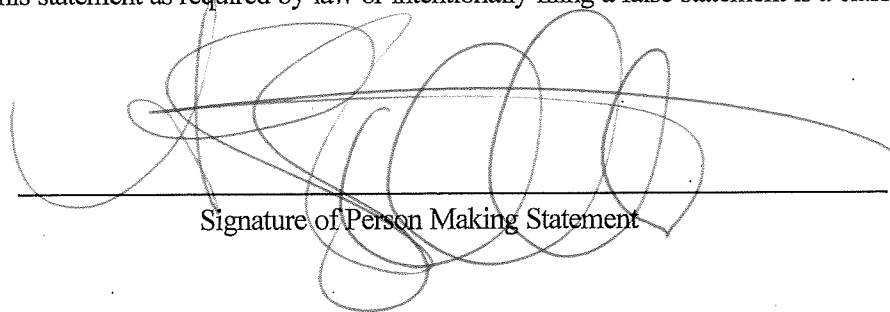
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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 .

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

H. DECLARATION:

I, Amber S. Sellers, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

5/23/21
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

| | | |
|--|-------------------------|-----------------------|
| Name <u>Amber Sellers</u> | | |
| Street <u>5100 W. 60th St. APT. A1</u> | | |
| City <u>Lawrence</u> | County <u>DG</u> | Zip Code <u>66049</u> |
| Home Telephone <u>316 204 1769</u> | Business Telephone | |
| Office Sought <u>City Commission</u> | District No. <u>N/A</u> | |

TREASURER

| | | |
|--------------------------------------|--|--|
| Date Appointed <u>may 23 2021</u> | | |
| Name <u>Denise Ballard</u> | | |
| Address <u>1127 Stone Meadows Dr</u> | | |
| City <u>Lawrence</u> | Zip Code <u>66049</u> | |
| Home Telephone <u>785-331-5385</u> | Business Telephone <u>785-840-9881</u> | |

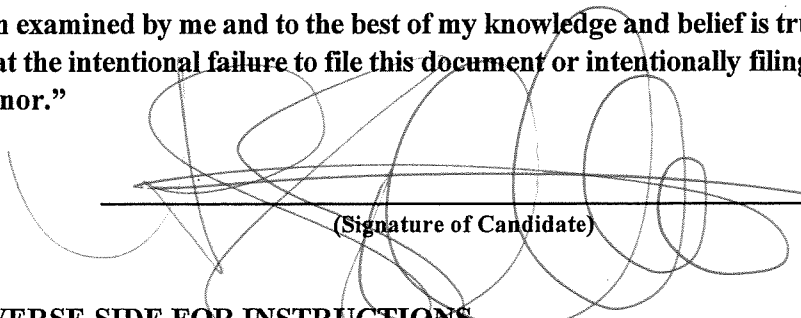
OR CANDIDATE COMMITTEE

| | | |
|--------------------|--------------------|--|
| Date Appointed | | |
| Chairperson's Name | | |
| Address | | |
| City | Zip Code | |
| Home Telephone | Business Telephone | |
| Treasurer's Name | | |
| Address | | |
| City | Zip Code | |
| Home Telephone | Business Telephone | |

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."

5/23/21
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

MAY 23 2021 11:28 AM
CLERK

