

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:

Chahine Bassem

Last Name First Name MI

Elizabeth Chahine

Spouse's Name

4405 Stone Meadows Ct

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

Lawrence, KS 66049

City, State, Zip Code

785-840-8410

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

City Commissioner

List Name of Office

Position

District

CONTINUED ON NEXT PAGE

Date received (Official use only)

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.	Medwakh.com	321 N.E. Industrial, Lawrence, KS	Online Retail & Tobacco Manufacturing
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.	Same as above		
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.	Medwakh.com 321 N.E. Industrial Lawrence, KS	CEO/Owner	B.C
2.	Medwakh.com 321 N.E. Industrial Lawrence, KS	Secretary/Treasurer	EC
3.			
4.			
5.			