STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

<u>INSTRUCTIONS</u>. 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. <u>IDENTIFICATION</u>	:			
SHIPLEY	COURTNEY	R.		
Last Name	First Name	MI		***************************************
Richard Shipley				
Spouse's Name				
1125 KASOLD DRIV	/ E			
Number & Street Name	e, Apartment Number, R	ural Route, or P.O. Bo	x Number	
LAWRENCE, KS 66	049			
City, State, Zip Code (785) 764-8998				
Home Phone			Business Phone	
B. OFFICE SOUGHT	, HELD OR APPOINT	<u>TED TO</u> :		
City Commissioner				
List Name of Office				
Commissioner				
Position	District			
CONTINUED ON NEXT PAGE				
Date received (Official use only)				

Rev. 2001

Governmental Ethics Commission

C. <u>OWNERSHIP INTERESTS:</u> 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 _____.

TYPE OF BUSINESS INVESTMENT	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
INVESTMENT		
	100%	Courtney
WY LOT WILLY	100 70	
INVESTMENT	100%	Richard
IIIV EO I WEIVI		
INVESTMENT	100%	Courtney
IIIV EO IIVIEIVI	10070	
INVESTMENT	100%	Richard
	10070	1 11011010
INVESTMENT	100%	Courtney
INIVESTMENIT	1009/	Courtney
INVESTIVILINI	10076	Courtiley
INVESTMENT	100%	Courtney
INVESTIMENT	100 /0	Courtingy
INIVEOTAGNIT	1000/	Countrol
INVESTMENT	100%	Courtney
IN VEGTATE : T	1000/	
INVESTMENT	100%	Courtney
1111/2071/217		
INVESTMENT	100%	Courtney
	INVESTMENT	INVESTMENT 100%

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. Sandgren Properties			677 E 1300 Rd, Lawrence, KS	Rental Properties
2. City of Lawrence		P.O. Box 708, Lawrence, KS	Municipality	

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.} Kroger		 4701 W. 6th Lawrence, KS	Grocery
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. Kaw Valley Kickball League			Member-at-Large	Richard
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:**

1,	, declare that this statement of substantial interests (including any
	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
•	o file this statement as required by law or intentionally filing a false statement is a class B
5-8-23	C1 5 V
Date	Signature of Parson Making Statement

NUMBER OF ADDITIONAL PAGES _____.

Courtney R. Shipley