JAN 2 4 2005

Rev. 2001

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCA

<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> :					
Amyx Thomas M. (Mike) Last Name First Name MI					
Last Name First Name MI					
Spouse's Name					
Spouse's Name					
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number					
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number					
LAWrence, KS 66049					
City, State, Zip Code					
785-843-3089 783-842-9425 Home Phone Business Phone					
B. OFFICE SOUGHT, HELD OR APPOINTED TO:					
LAWrence City Commission					
List Name of Office					
List Name of Office Commissioner At Large Position District					
Position District					
CONTINUED ON NEXT PAGE					
Date received (Official use only)					

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 _____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1. Amyx BArber Shop Inc. 515Lindley Dr. LADrence, RS 66049 (milli	corporation that own= Amyx Barber shops	100% of stock Owned by Us	Miket Marilyn Amyx
2. 842 & 8421/2 MASS. LAWrence, KS Mailing Add 515 Lindley Dr. LAWrence, Klob	- Rental Kenl Estate	Commercial Real Estate Renteato Amyx BarberSlopInc.	Miked Marilyn Amyx
3. 2612 Red Bud LANE A-D LAWrence K Mailing Add 515 Lindley Dr. LAWrence KS6	s Rental Real Estate	4- Plex Rental Building Owned By Us	MIKE MACILYA MMYX
4. FOW Line BIRDHOUSE CO. LLC. MAILING ADD SIS LINDley Dr. LAWRENCE, KSG	Bird Nouse Sales	25% partner in LLC. Co.	Mike Amyx
5. 515 Lindley Dr. LAWrence, KS Mailing add. 515 Lindley Dr. Lawrence KS	Personal	Personal Residence owned by U.S	Miker Marilyn Amyx
6. Capital Federal Savings P.OBOX 3505 Tope KA, KS 66601-350	TRA	TRA	marilyn Amyx
7. HARtford Life P.D. Box 5085 HARTford, CT 06102-50	TRA	IRA	MArilyn Amyx
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.
 - 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. Amux E	Barber Shop Inc.	515Lindley Ur. KS 66049	Barber Shop
2.KS BOAL	rd of Barberine	70050 JACKSON Suite 1002 TORCKA, KS66603-3811	Regulatory + License Board

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. Amyx B	Barber Shop Inc.	515 Lindley Dr. LAwrence, KS 66849	Burber Shop
2. Comfor	nt Keepers	900 Indiana LAWRENCE, KS 66044	Care Provider

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. Amyx Barber Shop Inc. 515 Lindley Dr. LAWrence, KS.66049	President	Mile Amyx
2. Amyx Barber Shop. Inc 515 Lindley Dr. Lawrence, KS 6604	g Secy/Treasurer	Manilyn Amyx
3. KANSAS BOARD OF BARBERING 7005WJACKSONSuite 1002 TOPOKA, \$5 66603.	2/.	Mike Amyx
4. FOWI Line BirdHouse Co. LLC. 515 Lindley Dr. LAWrence, KS 66049	PARtner	Mike Amy x
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. <u>DECLARATION:</u>

Date

I, Mike An	nyx, decl	lare that this	statement of sub	stantial interests (inc	luding any
accompanying pages and	statements) has been ex	xamined by r	me and to the be	st of my knowledge	and belief is a true,
correct and complete state					
the intentional failure to find misdemeanor.	le this statement as requi	ired by law o	or intentionally fi	ling a false statemen	t is a class B
	Cw	1.0	11	•	

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.