STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

INSTRUCTIONS. This statement must be completed by each pe	
completion, mail or hand deliver your completed statement to the office appointed to fill a vacancy in a local elective office, file this form where	your predecessor filed for office.
PLEASE TYPE OR PI	RECEIVED
A. <u>IDENTIFICATION</u> :	JUL 08 2008
$n = m \cdot m \cdot r$	CITY CLERK LAWRENCE, KANSAS
Amyx Thomas M. (M.K.) Last Name First Name MI	.)
Marilyn S. Amyx Spouse's Name	
Spouse's Name	
2312 Free State Lane	
Number & Street Name, Apartment Number, Rural Route, or P.O. B	ox Number
LAWrence, KS 66047	
City, State, Zip Code 785-843-3089	785-842-9425
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 NEX	ΓPAGE
Date received (Official use only)	
Governmental Ethics Commission	Rev. 2001

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	HELD BY
1. Amyx Barber Shop Inc	eorporation that owns	INTERESTS HELD 100% of Stock	MHOM
mailing add, 2312 Free Statebane Lawrence KS66047	1	owned by Us	MARILAN AMYX
2.842+8421/2 MASS. LAWrence, KS		Commercial Real Estate Leased to	mike
MAIling Add 2312 Free State Lanc Lawrence, KS 66047	Rental Real Estate	Amyx Barber Shop In	marilya Amyx
3.2612 Redbud Lane A-D LAWronce, KS.		4-Plex Rental builing ownerly	mike
MA, Ungald 2312 Free State LANC, LAWronce, KSG6647	Rental ReplEstate	U.S	Amyx
4. Failline Bird House Co. LLC		25% Partner in	mike
Mailing: 2312 Free State LANG, LAWrence KS 660+17	Bird House Sples	LLC, Co.	BMYX
5.515 Lindley Drive LAWrence RS	Former .	Former Personal Residence owned	mike
Miriling: 2312 Free State LANE LAWrence, 15 6647	Personn/ Residence	by US	marilyn Amyx
6. Capital Federal Savings		IRA	marilyn
P.O. Box 3505. Tope XX, KS 66601-3505	IRA	7 //	AMYX
7. Hartford Life		TRA	marilyn
P.O.Box 5085 HARHFORD CT 06/02-5085	IRA	70011	Amyx
8. 2039 Rhade Fsland		Rental Property	mike
MAIling: 2312 Free State Lane Lawrence, RS66047	Rental Roal Estate	owned by us	marilyn Mmyx
9. 308 W 12th HAYS, KS 67601		Rental Property	m. Ke
muiling: 2312 Free State Lawrence, KS66047	Rental Real Estale	owned by US	Marilyn pmyx
10. 2312 Free State Lane Lawrence, KS	New Personn 1	1 Produce	mike
MAIling. 2312 Free State Lane Lawrence, KS 6604	Residence	Personn Residence	Amy X

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	X.	ADDRESS	TYPE OF BUSINESS
1. Amyx B	Barber Shon Inc	· ·	2312 Free State Lune Luwrence, KS 66097	Barber Shop
,	d of Barberina	-	7005W Juckson suite 1062 Topuka, KS 66603- 3811	LICENSE + Regulatory BOArd
3. City of L	Awrence	}	6th + MRSS. LAWrence, RS 66044	City Government

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 _____.

20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NAME OF BUSINESS	* 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS	TYPE OF BUSINESS
1. Amyx BAC	ber Shop Inc		2312 Free State Lane Lawrence, KS 66047	Barber Shop.
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. Amyx Barber Shop FAC. 2312 Free State Lane Lawrence KS 66047	President	mike Amyx
2. Amyx Barber Shop Inc 2312 Free State Lane Lawrence, KS 66047	Scay/Treasurer	marilyn Amy X
3. KS. Board of Barbering 7005W Jackson, Suite 1002, Topeka, KS 66603-3811	Chairman	MikeAnyx
4. Fowlline BirdHouse Co. LLC 2312 Free State Lane Lawrence KS 66047	Partner	Mike Amyx
5. City of LAWrence KS 66044	Comm issioner	Mike Dayx

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 \nearrow .

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

H. **DECLARATION:**

correct and complete state	, declare that this statement of substantial interests (including any statements) has been examined by me and to the best of my knowledge and belief is a true, ement of all of my substantial interests and other matters required by law. I understand that le this statement as required by law or intentionally filing a false statement is a class B
misdemeanor.	, , ,
1-8-08	MR Hx
Date	Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.



CITY COMMISSION

MAYOR MICHAEL DEVER

COMMISSIONERS ROBERT CHESTNUT **DENNIS "BOOG" HIGHBERGER** MIKE AMYX SUE HACK

City Offices PO Box 708 66044-0708 www.lawrenceks.org

6 East 6th St 785-832-3000 FAX 785-832-3405

July 23, 2008

Mr. Jameson Shew Douglas County Clerk 1100 Massachusetts, 1st Floor Lawrence, KS 66044

Re:

Commissioner Amyx Statement of Substantial Interest Form

Dear Jamie:

Please find enclosed the original Statement of Substantial Interests for Local Office form for Commissioner Mike Amyx, dated July 8, 2008. We have retained a copy for our files in the City Clerk's Office.

If you have any questions about the enclosed document, please do not hesitate to contact me at 785-832-3201.

Frank S. Reeb

Director of Administrative Services/City Clerk

Encl: Statement of Substantial Interest form