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CITY CLERK
LAWRENCE, KANSAS

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:

Amyx	Thomas	M. (Mike)
Last Name	First Name	MI
Marilyn S. Amyx		
Spouse's Name		
515 Lindley Drive		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Lawrence, KS 66049		
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	
Commissioner	At Large.
Position	District

CONTINUED ON NEXT PAGE

Date received (Official use only)

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. Amyx Barber Shop Inc. mailing add. 515 Lindley Dr. Lawrence, KS 66049	Corporation that owns Amyx Barber Shops	100% of stock owned by US	Mike & Marilyn Amyx
2. 842 & 842 1/2 Mass Lawrence, KS mailing add. 515 Lindley Dr. Lawrence, KS 66049	Rental Real Estate	Commercial Real Estate Rented to Amyx Barber Shop Inc	Mike & Marilyn Amyx
3. 2612 Red Bud Lane B-D Lawrence, KS mailing add 515 Lindley Dr. Lawrence, KS 66049	Rental Real Estate	4-Plex Rental Building owned by US	Mike & Marilyn Amyx
4. Food Line Bird House Co. LLC. mailing Add 515 Lindley Dr. Lawrence, KS 66049	Bird House Sales	25% Partner in LHC, CO.	Mike Amyx
5. 515 Lindley Drive. Lawrence, KS mailing add 515 Lindley Dr. Lawrence, KS 66049	Personal Residence	Personal Residence owned by US.	Mike & Marilyn Amyx
6. Capitol Federal Savings P.O. Box 3505 Topeka, KS 66601-3505	IRA	IRA	Marilyn Amyx
7. Hartford Life P.O. Box 5085 Hartford, CT 06102-5085	IRA	IRA	Marilyn Amyx
8. 2039 Rhode Island mailing add 515 Lindley Dr. Lawrence, KS 66049	Rental Real Estate	Rental Property	Mike & Marilyn Amyx
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 X

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.	Amyx Barber Shop Inc	515 Lindley Dr. Lawrence, KS 66049	Barber Shop
2.	KS. Board of Barbering	700 SW. Jackson Suite 1002 Topeka, KS 66603-3811	License & Regulatory Board
3.	City of Lawrence	6th + mass, Lawrence, KS 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 ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Amyx Barber Shop Inc.	515 Lindley Dr. Lawrence, KS 66049	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 Inc 515 Lindley Dr. Lawrence, KS 66049	President	Mike Amyx
2.	Amyx Barber Shop Inc 515 Lindley Dr. Lawrence, KS 66049	Secy/Treasurer	Marilyn Amyx
3.	KS. Board of Barbering 700 SW. Jackson Suite 1002 Topeka, KS 66603-3811	Chairman	Mike Amyx
4.	Fowl Line Bird House Co. LLC. 515 Lindley Dr. Lawrence, KS 66049	Partner	Mike Amyx
5.	City of Lawrence 6th + mass Lawrence, KS 66044	Commissioner	Mike Amyx


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 X.

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

H. DECLARATION:

I, Mike Amyx, 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.

12-3-07
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.