

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:

KELLY PATRICK T

Last Name First Name MI

KELLY AMY C

Spouse's Name

1101 PARKSIDE CIRCLE

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

LAWRENCE KS 66049

City, State, Zip Code

(785) 843-8635

(785) 530-2405

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

DOUGLAS COUNTY COMMISSION - DISTRICT 1

List Name of Office

COMMISSIONER 1

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.	AMERICAN FUNDS Norfolk VA	MUTUAL FUNDS	IRA	SPOUSE
2.	AMERICAN FUNDS Norfolk VA	MUTUAL FUNDS	ROTH IRA	SPOUSE
3.	INVESCO FUNDS Kansas City MO	MUTUAL FUNDS	IRA	SPOUSE
4.	INVESCO FUNDS Kansas City MO	MUTUAL FUNDS	ROTH IRA	SPOUSE
5.	FIRST EAGLE FUNDS Kansas City MO	MUTUAL FUNDS	ROTH IRA	SPOUSE
6.	AMERICAN FUNDS Norfolk VA	MUTUAL FUNDS	§403(b)	SELF
7.	AMERICAN FUNDS Norfolk VA	MUTUAL FUNDS	IRA	SELF
8.	AMERICAN FUNDS Norfolk VA	MUTUAL FUNDS	ROTH IRA	SELF
9.	INVESCO FUNDS Kansas City MO	MUTUAL FUNDS	§403(b)	SELF
10.	INVESCO FUNDS Kansas City MO	MUTUAL FUNDS	ROTH IRA	SELF

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.			

ATTACHMENT TO PATRICK KELLY - STATE OF SUBSTANTIAL
INTEREST
SECTION C (CONTINUATION)

BUSINESS NAME	TYPE	DESCRIPTION	HOLD BY WEIRDA
FIRST EAGLE FUNDS KANSAAS CITY MO	MUTUAL FUNDS	ROTH IRA	SELF
FIRST EAGLE FUNDS KANSAAS CITY MO	MUTUAL FUNDS	SEP-IRA	SELF
THRIFT SAVINGS PLAN BIRMINGHAM AL	INDEX FUNDS	401(K)	SPOUSE
USD 497 PLAN LAWRENCE KS	PORTFOLIOS	403(b)	SELF

Handwritten text at the top of the page, possibly a title or header.

Handwritten text on the second line of the page.

Handwritten text on the third line of the page.

Handwritten text on the fourth line of the page.

Handwritten text on the fifth line of the page.

Handwritten text on the sixth line of the page.

Handwritten text on the seventh line of the page.

Handwritten text on the eighth line of the page.

Handwritten text on the ninth line of the page.

Handwritten text on the tenth line of the page.

Handwritten text on the eleventh line of the page.

Handwritten text on the twelfth line of the page.

Handwritten text on the thirteenth line of the page.

Handwritten text on the fourteenth line of the page.

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.	USD 497 Lawrence Public Schools	110 McDonald Drive	School District
2.		Lawrence KS 66049	

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.	US Patent and Trademark	600 Dulaney St	GOVT
2.		Alexandria, VA 22314	

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.			
2.			
3.			
4.			
5.			

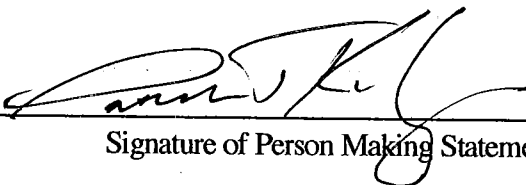
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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:

I, PATRICK KELLY, 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.

6/13/2018
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

Statement of Substantial Interests for Local Office

Patrick Kelly, candidate, Douglas County Commission, 1st District

- 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.

<u>BUSINESS NAME AND ADDRESS</u>	<u>POSITION HELD</u>	<u>HELD BY WHOM</u>
Lawrence-Douglas County Planning Commission City Hall, 6 E. 6 th Street, Lawrence, KS 66044	Commissioner	Patrick Kelly
Lawrence Schools Foundation, USD 497 110 McDonald Drive, Lawrence, KS 66044	Board Member	Patrick Kelly
Leadership Lawrence 718 New Hampshire St., Lawrence, KS 66044	Advisory Board Member	Patrick Kelly
Theatre Lawrence 4660 Bauer Farm Drive, Lawrence, KS 66049	Board Member	Amy Kelly
Boys & Girls Club of Lawrence 1520 Haskell Ave, Lawrence, KS 66044	Board Member	Amy Kelly
Property Crimes Compensation Board 1100 Massachusetts Street, Lawrence, KS 66044	Board Member	Amy Kelly
Lawrence Delta Gamma Alumnae Chapter Lawrence, KS	Board Member	Amy Kelly
Minerva Club of Topeka Topeka, KS	Board Member	Amy Kelly

