## 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 PRI	NT	
A. <u>IDENTIFICATION</u> :	:			
HILL	Brian	C		
Last Name	First Name	MI		
HILL DO	eanna			
Spouse's Name			FEB 12024 pm12:55	
P.O. Box	817		TENT TENT WILLIAM	
Number & Street Name	, Apartment Numb	ber, Rural Route, or P.O. Box	Number	
Rossville,	Ks	66533		
City, State, Zip Code	173		785-207-1877	
Home Phone			Business Phone	
B. OFFICE SOUGHT,	HELD OR APP	OINTED TO:		
Shawnee	County	Sheriff		
List Name of Office	•	·		
Position	District			
		CONTINUED ON NEXT	PAGE	
Date received (Official u	se 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 \_\_\_\_.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1. Kansas KP+F	State	Woutply	Brian
611 S. Kansas Ave, Topekaiks 66603	retirement	INCOME	H; LL
2. To Peka Police credit union 320 s Kansas que To Peka Ks 6663	credit	Savings	Brian
3. Landmark National Bank bolo sw 6th Ave Topeka Ks. 66614	Bank	checking Savings	Brian HiLL
4. Azura Credit Unión 1129 S. Kansas Ave, Topekarks 66612	Credit Union	Savings	Brian Hill
900 ohio St. Lawrence, KS 66044	Bank	Checking Savings	Brian Hill
6. US Bank 5730 SW 21st St. Topekaiks 66604	Bank	Savings	Brian Hill
7. KPERS -USD 321 Kawvalley 611S. Kansas Ave, Topeka, Ks 66603	State Retirement Teachers	Retirément souvings	Deanna Hill
8. American Fidelity 9000 Cameran Pkwy Okla. City ok 73/11	Mutual Funds	stocks	Deanna tfill
9.			
10.			

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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. Shaw	onee County Sheriff's	office	320 S. Kansas, Topeka	Sheriff's office
2.				

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 \_\_\_\_

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	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. USD	321 - Kaw Valley	411 W. Lasley St. Marys	School district
2.		J	

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.				, Wa

**RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who paid fees or commissions to a G. 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 .

NUMBER OF ADDITIONAL PAGES \_\_\_\_\_.

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

11.			
12.			
Н.	DECLARATION:	FEB 12024 PM1	2:56
	I, Brian c Hibb , declare that accompanying pages and statements) has been examined correct and complete statement of all of my substantial in the intentional failure to file this statement as required by misdemeanor.	nterests and other matters required by law. I	d belief is a true, understand that
<u>al</u>	Date Signature	c Hull of Person Making Statement	