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 PRINT	Γ
A. <u>IDENTIFICATION</u> :	
McGinty Donne J Last Name First Name MI	
Christopher M'Ginty Spouse's Name	
1733 NW Taylor Street	
Number & Street Name, Apartment Number, Rural Route, or P.O. Box N	Number
Topeka KS, 66608	
City, State, Zip Code 785 - 221 - 276 7	
Home Phone	Business Phone
B. OFFICE SOUGHT, HELD OR APPOINTED TO:	
Board of Education USD 345	
List Name of Office	
4A Seamon USD 345	
Position District	
CONTINUED ON NEXT PA	AGE
Date received (Official use only)	
	APR 16 2025 AH10:00

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 INTERESTS HELD	HELD BY WHOM
1. CD Electric (Christopher M'(1/1nty) POBOX 750231 Topeka 66675 1733NWTZylorSt Topeka	electrical contractor	owner/ operator	christophe
2. KPERS GII S. KS Ave Topeka	retisement	member	self
3. Ameritus Investment Co 5908 O Street Lincolur, NE 68501	retirement	traditional IRA	Self
4. Ameritus Investment Co 5900 O Street Lincoln NE 68501	retirement	ROTA IRA	self
5. New York Life 4849 Greenvill Ave Dallas, TX 15206	retirement	Roth	Self
6. Ameritus Investment Co 5900 O Street Lincoln, TE 68501	retirement	traditional IRA	Christoph
7. Ameritas Investment Co 5900 O Street Lincoln NE 68501	· Cetice ment	ROTA IRA	avistophi
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.			

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 \checkmark .

	NAME OF CLIENT / CUSTOMER	ADDRESS		RECEIVED BY
1.			1	
2.				
3.				
4.				×
5.		2		
6.				
7.	h	a Kilj. ye A	-).
8.			3	
9.		A		
10.	* ************************************		>	
11.				
12.		,		1 × 1

H. **DECLARATION:**

T 11 (1)
I, Donna J. M. Ginty , 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.

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ________.

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 OF	CALENDAR
	YEAR.	

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1. USD 4	501 Topela Public Schoo	ls	624 SW 24th Topeka 66611	education
4	Eiserpower Middle School		3305 SE Minnesota topeka 66605	teacher

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.	CD	Electric	mailing	POBOX750231 Topeka 66675	electrical contractor
1.	Ch	ristopher M'Ginty	phypical	1733 NW TaylorTopeke 6660	8

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
iis	1. CD Electric (Christopher M'Ginty) POBOX 750231 Topela 66675 Physical 1733 NW Ta	ignst operator	Christopher
	2.		
	3.		
	4.		
	5.		