## 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 P	RINT
A. IDENTIFICATION	<u> </u>		
Mays, Aaron D			
Last Name	First Name	MI	
Tara L Mays			*
Spouse's Name	9		
3706 SW Stonebrid	lge Ct		
Number & Street Nam	e, Apartment Num	ber, Rural Route, or P.O. F	Box Number
Topeka, KS 66610			
City, State, Zip Code 785-845-2911			785-554-6834
Home Phone			Business Phone
B. OFFICE SOUGHT, HELD OR APPOINTED TO:			
Shawnee County C	ommission		
List Name of Office			
Commissioner Dist	trict #3		
Position	District		
			in the second se
CONTINUED ON NEXT PAGE			
Date received (Official	use only)	april 1	a 0 a

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. Rental Property				
	1191 Sw Garfield, Topeka 66604	Real estate	Owner	Both
2.	Wintru Enterprises, LLC	A di cartiaina	Owner	Self
	3706 SW Stonebridge Ct, Topeka 66610	Advertising		
3.	Fidelity Brokerage	Investment	Detinoment	Self
	900 Salem St, Smithfield, RI 02917	Investment	Retirement	
4.	NRECA	Investment	Retirement	Spouse
	01 Firethorn Lm, Lincoln NE 68520	nivesunent		
5.	KPERS	Public Retirement	Retirement	Both
	611 S Kansas Ave, Topeka, KS 66603		Retirement	
6.	VOYA	Investment	Retirement	Spouse
	230 Park Ave, NY, NY 10169			
7.	Mays Group	Conculting	Partner	Self
	6021 SW 29th St Suite A, #308, Topeka, KS (	Consulting	Taranor	
8.				
9.				
		281		
10.				
			I	1

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.
  - 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 \_\_\_\_.

Nigera.	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1. Shawnee County		707 SE Quincy, Topeka KS 66	County 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. 1191 Sw Garfield, Topeka 66604		1191 Sw Garfield, Topeka 666	1191 Sw Garfield, Topeka
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 \_\_\_\_.

and the la	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
<sub>1.</sub> WinTru E	nterprises	Owner	Self
3706 SW	Stonebridge Ct, Topeka KS 66610		Sell
2. Greater Topeka Chamber		Board Member	Self
719 S Kansas Ave, STE100, Topeka, KS 66603		6603	
3. JEDO		Board Member	Self
1191 Sw Garfield, Topeka 66604		Board Welliber	0011
4. Kansas Association of Counties		Board Member	Colf
715 SW 1	0th, Topeka, KS 66612	Board Member	Self
5. Summerfield Homeowners Association		Poord Momber	Spouse
Topeka, KS 66610		Board Member	Spouse

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. Kansas Coalition on Problem Gambling	Topeka, KS	Self
2. Washburn Univesity	1700 SW College, Topeka 66621	Self
3. Wichita Open	1400 Terradyne Ste 200, Andover, I	Self
4. JNA Advertising	7101 College Blvd #120, Overland	Self
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

## H. DECLARATION:

I, Aaron Mays	, declare that this statement of substantial interests (including any
correct and complete state	statements) has been examined by me and to the best of my knowledge and belief is a true, ment of all of my substantial interests and other matters required by law. I understand that
the intentional failure to file misdemeanor.	e this statement as required by law or intentionally filing a false statement is a class B
06/13/2024	The Donated States of the Stat
Date	Signature of Person Making Statement