

JUN 10 2022

**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 Michael J  
Last Name First Name MI

Elizabeth  
Spouse's Name

5700 Roeland Dr.  
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Roeland Park, KS 66205  
City, State, Zip Code

913-908-1811  
Home Phone

816-983-8297  
Business Phone

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

Chair, Johnson County Board of Commissioners  
List Name of Office

Chair  
Position District

CONTINUED ON NEXT PAGE

Date received (Official use only)

**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, Michael 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.

6-9-22  
Date

Michael Kelly  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES     .

- 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. Fidelity 401(k) 900 Salem St. Smithfield, RI 02917	Retirement account	100% owner	Michael
2. Morgan Stanley IRA 11161 Overbrook rd. Ste. 225 Leawood KS 66211	Retirement account	100% owner	Joint
3. Fidelity 401(k) 900 Salem St. Smithfield, RI 02917	Retirement account	100% owner	Elizabeth
4. 529 Account c/o Morgan Stanley * 11161 Overbrook rd. Ste. 225 Leawood KS 66211	Education Savings	100% owner	Joint
5. * Luxlobo LLC 5700 Roeland Dr. Roeland Park, KS 66208	Technology services	50% owner	organizer
7.			
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.		

**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.	Husch Blackwell LLP	4801 Main St. Kansas City	Law Firm
2.	City of Roeland Park	4600 W. 51st St. Roeland Park, KS 66205	Municipality

Mo. 64112

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.	Andrews McMeel Universal	1130 Walnut St., Kansas City, MO 64106	Publisher
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.	Climate Action KC, Inc. P.O. Box 22625, Kansas City, MO 64113	Chairman of the Board	Michael
2.	Luxlobs LLC 5700 Roeland Dr. Roeland Park, KS 66205	50% owner, organizer	Michael
3.			
4.			
5.			