

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:

Kimball Shannon L
Last Name First Name MI

Jason Kimball
Spouse's Name

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

Lawrence, KS 66049
City, State, Zip Code

785-840-7722
Home Phone

785-840-7722
Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

School Board - regular term - USD 497
List Name of Office

Board Member USD 497
Position District

CONTINUED ON NEXT PAGE

Date received (Official use only) MAY 20 2001

RECEIVED
DOUGLAS COUNTY CLERK
LAWRENCE, KS

- 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. Edward Jones 1213 Hylton Heights Rd Manhattan KS 66502	Investment	Mutual Fund 529S	Jason & Shannon Kimball
2. Cambridge Investment Research 1776 Pleasant Plain Road, Fairfield, IA 52556	Investment -	IRA, 401k, SEP, Roth IRA	Jason & Shannon Kimball
3. Sunflower Telemedicine LLC 257 Earhart Circle, Lawrence KS 66049	Telehospitalist	Partner	Jason Kimball
4. Apple, Inc. 1 Infinite Loop, Cupertino, CA 95014	Investment	Stock	Jason & Shannon Kimball
5. Costco Wholesale Corp. 999 Lake Drive, Issaquah, WA 98027	Investment	Stock	Jason & Shannon Kimball
6. Sunflower Telemedicine LLC 257 Earhart Circle, Lawrence KS 66049	Partnership - Telemedicine	Partner	Jason Kimball
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.			
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 .

5. Sunflower Telemedicine LLC 257 Earhart Circle Lawrence, KS 66044 Telemedicine

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Lawrence Emergency Med. Assocs.	325 Maine St. Lawrence, KS 66044	Medical-physician
2.	Eagle Telemedicine LLC	5901 C Peachtree Dunwoody Atlanta, GA 30328	Telemedicine

3. Kansas Foundation for Medical Care 800 SW Jackson, Ste. 700 Topeka, KS 66612 Medical Director
 4. Lawrence Memorial Hospital 325 Maine, Lawrence KS 66044 Hospitalist Med. Dir.

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.	Westwood HOA, Inc. 3320 Clinton Pkwy Ste. 220, Lawrence, KS 66047	Board member	Shannon Kimball
2.	Sunflower Telemedicine LLC 257 Earhart Circle, Lawrence, KS 66044	Partner	Jason Kimball
3.	Kansas Association of School Boards 1420 SW Arrowhead Rd., Topeka, KS 66604	President-elect	Shannon Kimball
4.			
5.			

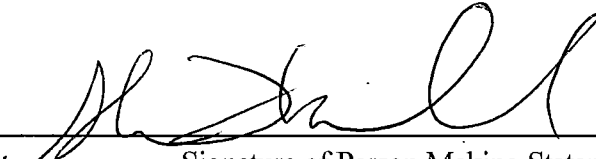
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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.			
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10.			
11.			
12.			

H. DECLARATION:

I, Shannon L. Kimball, 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.

5/20/19
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.