

City/School Form

Candidate's Declaration of Intention **CS**

BALLOT INFORMATION:

1. Name - exactly as it will appear on the ballot (include ALL punctuation):
Melissa Clissold

2. City:
Lawrence

3a. Office sought School Board

3b. District no. 497

4. Term: Regular Unexpired

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5/5/2021

7. Residential address (street or rural route) 946 Jana Dr.

8. City Lawrence 9. County Douglas 10. Zip code 66049

11. Mailing address (if different) _____

12. Telephone number: Home 913-259-8486 Work _____

CANDIDATE STATEMENT & SIGNATURE:

I declare that I intend to become a candidate for the above-stated office at the appropriate election.

Melissa Clissold
 Signature of Candidate

ATTESTATION:

 County Election Officer
 or City Clerk

M D Rimal
 Deputy Election Officer

324369

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APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR LOCAL OFFICE

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DOUGLAS COUNTY CLERK

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name <u>Melissa Clissold</u>		
Street <u>946 Jana Dr.</u>		
City <u>Lawrence</u>	County <u>Douglas</u>	Zip Code <u>66049</u>
Home Telephone <u>913-259-8486</u>	Business Telephone <u>N/A</u>	
Office Sought	District No. <u>497</u>	

TREASURER

Date Appointed <u>5/10/2021</u>		
Name <u>Elise Higgins</u>		
Address <u>2218 Vail Way</u>		
City <u>Lawrence, KS</u>	Zip Code <u>66049</u>	
Home Telephone <u>785-249-5862</u>	Business Telephone <u>N/A</u>	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

SIGNATURE

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

5/10/2021
(Date)

Melissa Clissold
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Print page

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DOUGLAS COUNTY CLERK

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:

Clissold Melissa M

Last Name First Name MI

Clissold Michael J

Spouse's Name

946 Jana Dr. Lawrence KS 66049

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

Lawrence KS 66049

City, State, Zip Code

913-259-8486

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

School Board

List Name of Office

School Board Number 494

Position

District

CONTINUED ON NEXT PAGE

Date received (Official use only)

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. MC Sports Awards LLC 946 Jana Dr. Lawrence KS 66049	Awards	owner	Melissa Clissold
2. MC Handing MC Lawn Care 946 Jana Dr. Lawrence KS 66049	Lawn Care	owner	Michael Clissold
3.			
4.			
5.			
6.			
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 D.

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.	Lawrence Public Schools 497	110 M th Donald Dr ^{Lawrence, KS 66044}	School
2.	MC Sports Awards LLC	946 Janga Dr ^{Lawrence, KS 66044}	Retail

CWA

501 3rd St NW Washington DC 20001

Union

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.	A+3+	1920 Foxridge Dr ^{Kansas City, KS 66013}	Communications
2.	MC Mowing	946 Janga Dr. ^{Lawrence, KS 66044}	Lawn Care

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.	PAL-CWA 4801 Southwest Parkway Suite 145 Austin TX 78735	Board Secretary	Melissa Clissold
2.			
3.			
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 G.

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

H. DECLARATION:

I, Melissa Clissold, 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.

5/11/2021
Date

Melissa Clissold
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.