

City/School Form
Candidate's Declaration of Intention CS

BALLOT INFORMATION:

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

Nate ^(NM)
~~Nathaniel~~ Morsches

2. City:

Lawrence, Douglas County

3a. Office sought School Board

3b. District no. Lawrence USD 497

4. Term: Regular Unexpired

NATE@RPGELAWRENCE.COM

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5/24/2021

7. Residential address (street or rural route) 504 Arrowhead Drive

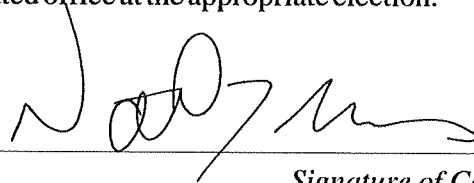
8. City Lawrence 9. County Douglas 10. Zip code 66049

11. Mailing address (if different) _____

12. Telephone number: Home 785-217-3391 Work 785-217-3391

CANDIDATE STATEMENT & SIGNATURE:

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


Signature of Candidate

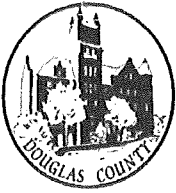
ATTESTATION:

County Election Officer
or City Clerk


Deputy Election Officer

MAY 24 21 AM 10:41
DOUGLAS COUNTY CLERK

5146418



Douglas County Elections

Jamie Shew

Douglas County Clerk/Chief Election Officer

Affidavit of Exemption

K.S.A. 25-904(a)

Instructions

- ✓ File this report with the Douglas County Clerk's Office
- ✓ Applicable to candidates in third class cities' mayoral and council, community college, township, school, water, and drainage elections.
- ✓ Candidates who anticipate receiving or spending less than \$1000 in each of the Primary and General elections, exclusive of any filing fees, may use this form to exempt themselves from filing reports of expenditures.
- ✓ For exemption, a candidate must complete this Affidavit of Exemption and file it with the Douglas County Clerk's office **nine (9) days before the primary election**. Even if the candidate anticipates not being in a Primary Election, this form is due by the deadline to be valid.
- ✓ Once the form is filed it will exempt the candidate from filing the required Candidate's Itemized Receipts and Expenditures Report, which is due thirty (30) days after each applicable election. Records should still be maintained in case the expenditure limit is exceeded during the election.

Name (Please Print) Nathaniel Morsches

Address 504 Arrowhead Drive, Lawrence, KS 66049

Home Phone 785-217-3391 Business 785-217-3391

Office Sought School Board Office District Number (if applicable) USD 497

Affidavit: State of Kansas, County of Douglas

I, Nathaniel Morsches, do swear (or affirm) that:

1. The information listed above is true and correct;
2. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one thousand dollars (\$1000) in the **Primary Election** period, and
3. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than one thousand dollars (\$1000) in the **Primary Election** period, and
4. I understand that the payment of my filing fee or the receipt of funds to pay my filing fee are not included in the limitations set forth in paragraphs 2 & 3, and
5. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one thousand dollars (\$1000) in the **General Election** period, and
6. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than one thousand dollars (\$1000) in the **Primary Election** period, and
7. If contributions or expenditures made (actual or contractual) in excess of any of the amounts set above, I shall within thirty days after the date of the election file the Candidates Itemized Statement of Receipts and Expenditures Report required by K.S.A. 25-904(b)

Signature of Candidate

Date 5/24/21

Subscribed and sworn before me, this 24th day of MAY, 2021

Notary Public

My appointment expires _____

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:

Morsches	Nathaniel	T
Last Name	First Name	MI
Meghan Morsches		
Spouse's Name		
504 Arrowhead Drive		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Lawrence, KS 66049		
City, State, Zip Code		7852173391
7852173391		7852173391
Home Phone		Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

USD 497 School Board	
List Name of Office	
Board Member	Lawrence USD 497
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. Trader's Cache, LLC d/b/a RPG (Restaurant, Pub & Games) 724 Massachusetts St, Lawrence, KS 66049	Restaurant/Entertainment	38%	19% owned by me. 19% owned by my spouse.
2.			
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 .

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.	AdventHealth Shawnee Mission	9100 W 74th St, Merriam, KS 66204	Hospital
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 .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
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.	Lawrence Restaurant Association 1130 New Jersey St. Lawrence, KS 66044	Board Member	Myself
2.	Trinity In Home Care 2201 W 25th St STE Q, Lawrence, KS 66047	Board Member	Myself
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 .

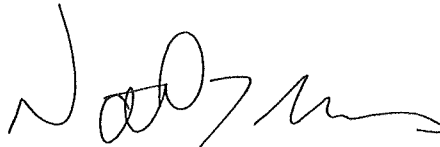
	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
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8.			
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10.			
11.			
12.			

H. DECLARATION:

I, Nathaniel Morsches, 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.

5/24/21

Date



Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.