

**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:**

Thellman Nancy A.  
Last Name First Name MI

Thellman Scott T.  
Spouse's Name

1547 N 2000 Rd  
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Lawrence KS 66044  
City, State, Zip Code  
cell: 785-550-7754

Home Phone

Business Phone

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

Douglas County Commissioner  
List Name of Office

Commissioner 2  
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. Lawrence Plastic Surgery 1113 W. 6th St., Suite 210, Lawrence, KS	Medical Practice	Owner - 100%	Scott Thellman
2. Lawrence Surgery Center 1112 W. 6th St., Lawrence, KS	Ambulatory Surgery Center	Investment 5% share	Scott Thellman
3. Broker LPL Financial Brokerage acct	Brokerage account	Various mutual funds	Scott & Nancy
4. Elite Esthetics, LLC 1020 SW Fairway, Topeka, KS	Med Spa	50% owner	Scott
5. American Funds - Retirement Account	Retirement account	Various mutual funds	Scott
6. KPERS fund (KS) Douglas County	Retirement acct	State fund	Nancy
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 X.

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.	Douglas County	1100 Massachusetts St Lawrence KS 66044	Government
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.	Lawrence Plastic Surgery	1112 W. 6th St., Lawrence	Medical Practice
2.	Aestheticare Medical of Lawrence	3510 Citrus Pkwy Pl. Lawrence 66044	MedSpa

**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 Plastic Surgery 1112 W. 6th St, Lawrence, KS	President, owner	Scott Thellman
2.	Lawrence Surgery Center 1112 W. 6th St, Lawrence, KS	Member, Board of Directors	Scott Thellman
3.	Elite Eshetics 1020 SW Fairlawn Rd, Topeka, KS	President, owner	Scott Thellman
4.	Ottawa University Ottawa, Kansas	Member, Board of Trustees	Scott Thellman
5.	(See extra page for Nancy Thellman's)		

F. Officer / Director of Organization or Business

1. Bioscience Technology Business Center (BTBC)  
2029 Becker Dr. Lawrence KS 66047  
Board of Directors, Nancy Thellman
2. Perstee Technical Center  
2920 Haskell Ave, Suite 100, Lawrence KS 66046  
Board of Directors, Nancy Thellman
3. Freedom's Frontier National Heritage Area  
200 W. 9<sup>th</sup> St. Lawrence KS, 66044  
Board of Directors, Nancy Thellman

**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 X.

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

**H. DECLARATION:**

I, Nancy Thellman, 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.

5/28/2020  
Date

Nancy Thellman  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 1.