

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 Lawrence KS 66044		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
Lawrence KS 66044		
City, State, Zip Code		785-550-7754
Home Phone	Business Phone cell	

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Douglas County Commission	
List Name of Office	
2nd District	
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, P.A. Lawrence, KS	Medical Practice	100%	Scott Thellman
2. Lawrence Surgery Center, LLC Lawrence, KS	Ambulatory Surgery Center	5%	Scott Thellman
3. V wealth management Overland Park, KS	Investment accounts	100%	Scott & Nancy Thellman
4. Lawrence Plastic Surgery Retirement account	Retirement account with Fidelity	100%	Scott Thellman
5. Thellman Farm Lawrence, KS	Agriculture	100%	Scott & Nancy Thellman
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.	Douglas County	1100 Mass, Lawrence 66044	County Commission - Govt.
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 PA	1112 W. 6th St.	Medical Practice
2.		Lawrence, KS 66044	

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.	Presbytery of Northern Kansas - Board of Trustees 308 S 8th St. Salina, KS 67401	Trustee - clergy member	Nancy Thellman
2.	Lawrence Surgery Center, LLC Lawrence, KS	Physician member Board of managers	Scott Thellman
3.	Bioscience & Technology Business Center (BTB - board) 2029 Bedder Dr Lawrence KS 66047	Board of Directors, county appointment	Nancy Thellman
4.	Destination Management Inc (DMI) board 6 East 6th St Lawrence KS 66044	Board of Directors county appointment	Nancy Thellman
5.	Freedom's Frontier National Heritage Area - board 200 W 9th St Lawrence KS 66044	Board of Directors county appointment	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 ____.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
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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.

5/31/16
Date

Nancy Thellman
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 1.

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 ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
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If you have nothing to report in Section "F", check here ____.

Continued

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
X 6.	Just Food (Douglas County Food Bank) 1000 E 11 th St. Lawrence KS 66046	Board of Directors	Nancy Thellman
X 7.	Douglas County E-Community E-Community 1100 Massachusetts St. Lawrence KS 66044	(via Network Kansas) Board of Directors and Financial Review Committee	Nancy Thellman
X 8.	Lawrence Metropolitan E-Community 6 East 6 th St. Lawrence KS 66044	(via Network Kansas) Board of Directors	Nancy Thellman
4.			
5.			

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I, _____, 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.

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.