

Approved: 2-13-95  
Date

## MINUTES OF THE SENATE COMMITTEE ON AGRICULTURE.

The meeting was called to order by Chairperson David Corbin at 10:00 a.m. on February 9, 1995 in Room 423-S of the Capitol.

All members were present except: Quorum

Committee staff present: Raney Gilliland, Legislative Research Department  
Jill Wolters, Revisor of Statutes  
Lila McClafin, Committee Secretary

Conferees appearing before the committee:

Elaine Sauerwein, Newton, Kansas, Kansas Dairy Marketing Advisory Board  
Delbert McDaniel, Hutchinson, Kansas, Kansas Dairy Marketing Advisory Board  
Dennis Metz, Wellington, Kansas, Kansas Dairy Marketing Advisory Board  
Elmer Buessing, Baileyville, Kansas, Kansas Dairy Marketing Advisory Board

Others attending: See attached list

Chairperson Corbin stated to comply with statutes that created the Kansas Dairy Marketing Advisory Board, Elaine Sauerwein would present the Board's report to the 1995 Senate Agriculture Committee.

Elaine Sauerwein reported the Board has identified three issues of concern to them. They will continue to study these issues and what impact they will have on the changing political and economic impact on the dairy industry. They particularly want to further investigate the proposed Northeast Dairy Compact being pursued by several states in the northeast portion of the United States. They see the compact structure, as an ongoing issue that will require additional study in the future (Attachment 1). She responded to many questions. In closing, she stated they will have a better picture of what is in store for the dairy business after the 1995 farm bill comes out. Also, Dennis Metz responded to some questions regarding their report.

Chairperson Corbin thanked her for the report. **He opened the hearings on the Confirmations for the appointees for the Kansas Dairy Marketing Advisory Board.** Elaine Sauerwein stated she fills the slot for the consumer on the Board, however, she and her husband retired from the dairy business. Her Confirmation Questionnaire and Statement of Substantial Interest were distributed (Attachment 2).

Delbert McDaniel, said he was in the production end of the dairy business. He is the General Manager of Jackson's Dairy in Hutchinson, they are a part of the Dillion stores, which are owned by Krogers. His Confirmation Questionnaire and Statement of Substantial Interest were distributed (Attachment 3). He responded to questions concerning his qualifications.

Dennis Metz told the Committee he is a producer and he serves on the Kansas Board of the Associated Milk Producers Incorporation. His Confirmation Questionnaire and Statement of Substantial Interest were distributed (Attachment 4). He responded to questions concerning his qualifications.

Elmer Buessing is also a producer. He said he was a member of the National Farmer's Organization, and had served as an officer in the organization. His Confirmation Questionnaire and Statement of Substantial Interest were distributed (Attachment 5). He responded to questions concerning his qualifications.

Senator Clark moved to report for confirmations all of the appointees to the Dairy Marketing Advisory Board. Senator Sallee moved to second the motion. The motion carried.

Senator Tillotson moved to adopt the minutes of the February 6 and 7 meetings. Senator Sallee seconded the motion. The motion carried.

The meeting adjourned at 11:00. The next meeting is scheduled for February 13, 1995.

# SENATE AGRICULTURE COMMITTEE GUEST LIST

DATE: 2/9/95

| NAME   | REPRESENTING                |
|--|-----------------------------|
| <i>John P. Potts</i>                                     | <i>KUMMA</i>                |
| <i>Alan Holmes</i>                                       | <i>Division of Budget</i>   |
| <i>Dana Adams Zimmerman</i>                              | <i>KSNA</i>                 |
| <i>Donald Snodgrass</i>                                  | <i>Ks Food Dealers Assn</i> |
| <i>LARRY D. WOODSON</i>                                  | <i>Ks DEPT OF AG.</i>       |
| <i>Carol A. Allen</i>                                    | <i>KSNA Observation</i>     |
| <i>Wanda K. Gesto</i>                                    | <i>KSNA</i>                 |
| <i>Clayton Clay Buford</i>                               | <i>KSNA</i>                 |
| <i>Regina Ogwu</i>                                       | <i>BCSN</i>                 |
| <i>Elaine Sauerwein - Dairy Marketing Advisory Board</i> |                             |
| <i>Clmer J. Bussing Dairy Marketing Advisory Board</i>   |                             |
| <i>del Williams Dairy Marketing Advisory Board</i>       |                             |
| <i>Dennis Metz " " " "</i>                               |                             |
| <i>Chris Wilson</i>                                      | <i>KS Dairy Ass'n</i>       |
| <i>Mark Reinhardt</i>                                    | <i>Mid-America Dairyman</i> |
| <i>Melvin Bruce</i>                                      | <i>KS Dept of Ag</i>        |
| <i>Kenneth M. Wilke</i>                                  | <i>" " " "</i>              |
|  |                             |
|  |                             |

# REPORT OF THE KANSAS DAIRY MARKETING ADVISORY BOARD

Presented to the Senate and House Agriculture  
Committee of Kansas Legislature  
February 9, 1995

During the past several years, the Kansas Legislature has considered legislation directed toward the problems of prices received by the dairy producers. In 1992 House Bill 3046 would have created a dairy stabilization fund based upon an assessment imposed on dairy products sold in this state. In 1993 Senate Bill 72 would have created a dairy marketing advisory board which could establish a milk marketing order for the state of Kansas. Neither of these bills passed. In 1994 House Bill 3012, as originally introduced, was very similar in purpose to 1993 Senate Bill 72. Due to litigation pending before the U.S. Supreme Court involving a Massachusetts Milk Marketing Order, this bill was subsequently amended to create the Dairy Marketing Advisory Board to study this subject further and report back to the 1995 Kansas Legislature.

Within the dairy industry, there has been much discussion regarding the current effectiveness of the federal milk marketing system and its ability to assist dairy producers in obtaining adequate financial returns. In several areas of the country, primarily in the northeast United States, states have attempted to create a state milk marketing order benefiting the individual state's dairy producers. Massachusetts' milk marketing order, created in this regard, was recently ruled unconstitutional by the United States Supreme Court (Ruling 93-141) as violating the Commerce Clause of the U.S. Constitution. Several other states have rescinded their state milk marketing orders in light of this ruling. However, in its discussions and investigation, the Dairy Marketing Advisory Board has learned that North Dakota has developed a state marketing order that has been in place since 1967. This entire discussion will also be impacted by

*Senate Ag. Co.*  
*2-9-95*  
*Attachment 1*  
*1-1*

whatever provisions are created in the expected 1995 Farm Bill at the Federal level regarding the milk marketing system. It is too early to tell the outcome of that debate, although several proposals regarding changes to the milk marketing system are expected to be advanced.

Subsequent to passage of House Bill 3012 in the 1994 Legislature and its approval by the Governor, the following were appointed to the membership of the Dairy Marketing Advisory Board. The members currently are:

Delbert McDaniel — Hutchinson, Kansas

Dennis Metz — Wellington, Kansas

Elmer Buessing — Baileyville, Kansas

Elaine Sauerwein — Newton, Kansas

Kansas Secretary of Agriculture or the Secretary's designee.

These members of the Dairy Marketing Advisory Board have held three investigatory meetings, first on <sup>1</sup>September 29, 1994, then on <sup>1</sup>December 19, 1994, and <sup>2</sup>January 13, 1995. The fiscal impact of these meetings has been minimal as the committee members, who are from the private sector, have volunteered their time and expense and the only cost has been staff time and communications.

The dairy industry of Kansas makes a significant contribution to the agricultural economy of the state. It is in the best interests of dairy farmers, processors, retailers and consumers alike to maintain a viable dairy industry in Kansas and the orderly marketing of milk.

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<sup>1</sup>Phillip Fishburn was Acting Secretary of Agriculture at this time.

<sup>2</sup>Allie Devine became Secretary effective January 9, 1995.

As a result of the meetings held and the information discussed, the committee has developed a greater awareness of the magnitude of the problem and the difficulty in accomplishing the stated objectives. We respectfully commend legislature for their wisdom and for providing the Dairy Industry with a vehicle that we can utilize to define our problems, and to search for a workable solution to our marketing challenges.

From the deliberations during these meetings, the Dairy Marketing Advisory Board has identified three issues of concern:

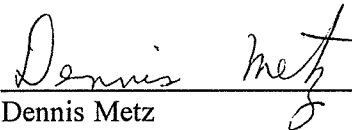
1. Existing Federal Milk Marketing Orders need to be amended to reflect current trends in the United States and one specific item that we wish to have addressed is the policy of basing the pricing (assessment) on the basis of the milk's point of production verses the present system that is based on the point of consumption. It is our understanding that the U.S. Secretary of Agriculture has some discretionary authority regarding the Federal Marketing Orders and we may seek legislative assistance to encourage the Secretary to act upon.
2. With greater awareness of the complexity of milk marketing orders and the potential affect of the 1995 Farm Bill and ongoing discussions that may affect the Federal Milk Marketing Orders, we believe it will be necessary for the committee to continue to review and evaluate potential solutions.
3. The committee wishes to recommend that Kansas Dairymen evaluate the potential benefits of voting individually as opposed to "block voting" which is an option available from the respective dairy association's board of directors. This vote impacts national referendums on dairy pricing.

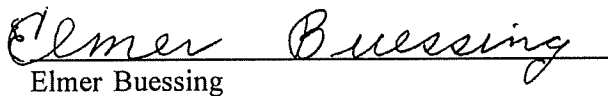
The Kansas Dairy Marketing Advisory Board continues to study these issues and their impact in light of the changing political and economic impacts upon the dairy industry. It especially wishes to further investigate the proposed Northeast Dairy Compact being pursued by several states in the northeast portion of the United States. This proposed compact's structure, if approved by the U.S. Congress, could be pursued in Kansas and some of its surrounding states. The Dairy Marketing Advisory Board sees this as an ongoing issue which will require additional study in the future.

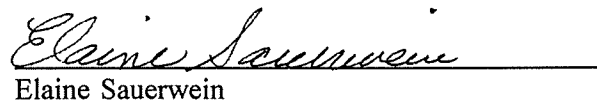
The Dairy Marketing Advisory Board stands ready to appear before the Senate and House Agricultural Committees, if appropriate, to discuss these ongoing issues and any recent developments.

Sincerely submitted,

  
\_\_\_\_\_  
Delbert McDaniel

  
\_\_\_\_\_  
Dennis Metz

  
\_\_\_\_\_  
Elmer Buessing

  
\_\_\_\_\_  
Elaine Sauerwein

  
\_\_\_\_\_  
Allie Devine, Secretary of Agriculture

SENATE CONFIRMATION QUESTIONNAIRE  
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Elaine Sauerwein

Home Address: 4911 North Oliver Road

City, State, Zip Code: Newton Kansas 67114

Home Phone: 316 / 283-1462

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone:  /  \_\_\_\_\_

Date of Birth: 8-1-29 Place of Birth Texhoma, Oklahoma

Party Affiliation Democrat KBI Check (Yes/No) \_\_\_\_\_

Appointed as:  Dairy Marketing Advisory Board

Effective 8/1/94 for the 2 year term  
ending 7/31/96 Succeeding None

Salary n/a Statutory Authority 1994 S.h. Chapt. 174

Statutory Requirements \_\_\_\_\_

1. EDUCATION:  
High School Newton High School Class 1947

Year Graduated 1947

| Postsecondary               | Degree, etc. | Dates |
|-----------------------------|--------------|-------|
| <u>Several Courses with</u> | _____        | _____ |
| <u>Hutch Guco</u>           | _____        | _____ |
| _____                       | _____        | _____ |

Senate Ag. Co.  
2-9-95  
attachment 2-1

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

| Dates        | Name                              | Location        |
|--------------|-----------------------------------|-----------------|
| <u>-1994</u> | <u>Newton Chamber of Commerce</u> | <u>- Newton</u> |
| _____        | _____                             | _____           |
| _____        | _____                             | _____           |

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS?  Yes  No  
If so, please list dates and offices held.

| Date             | Office  |
|------------------|---|
| <u>1981-1989</u> | <u>Newton U.S.D. 373</u>  |
| <u>1983-1989</u> | <u>Central Kansas Area Vocational Training School</u><br><u>(three years as President of Board)</u> |
| _____            | _____   |

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY?  No  
If so, please list dates and offices held:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS?  No  
If you were a registered lobbyist, did you receive any compensation? \_\_\_\_\_  
List groups you represented or for which you employed a lobbyist:

|       |
|-------|
| _____ |
| _____ |
| _____ |



6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

My husband and I were in Dairy Farming for over 40 years.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

We were family dairy farm operators from 1949 to 1986. - During that time Ardith served in offices with Associated Milk Producers until 1987 on a state and corporate level. - I participate in every meeting and convention all those years

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? no

If so, please list dates of service, branch of service and date and type of discharge:

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? no

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

Return to: Mary Holladay  
Appointment Secretary  
Office of the Governor  
2nd Floor, State Capitol  
Topeka, KS 66612

*Ardis Elaine Lawrence*  
Signature



FILED

FEB 03 1995

SECRETARY OF STATE

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

SAUERWEIN NAIDA ELAINE

Last Name

First Name

MI

SAUERWEIN ARDITH L

Spouse's Name

4911 NORTH OLIVER ROAD

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

NEWTON KS 67114

City, State, Zip Code

316\*\*283\*\*1462

Home Phone Number

316\*\*283\*\*1462

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

DAIRY MARKETING ADVISORY BOARD

List Name of Agency, Commission or Board

MEMBER

Position

\* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

\* 9345

C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income 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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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                                | PERCENT OF OWNERSHIP INTERESTS              |
|--|-------------------|-------------------------------|---|---|
| 1. Own 150 Acres with Home + buildings on it | Farming           |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
|  |                   |                               | <input type="checkbox"/> Jointly            | <input checked="" type="checkbox"/> Jointly |
| 2. Midway Investment Assoc                   | group investments |                               | <input type="checkbox"/> You                | <input checked="" type="checkbox"/> Spouse  |
|  |                   |                               | <input type="checkbox"/> Jointly            | <input type="checkbox"/> Jointly            |
| 3. Pioneer Investment                        | mutual fund       |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
|  |                   |                               | <input checked="" type="checkbox"/> Jointly | <input type="checkbox"/> Jointly            |
| 4. Farmland Industries                       | Investment        |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
|  |                   |                               | <input type="checkbox"/> Jointly            | <input type="checkbox"/> Jointly            |
| 5. Crabbe Hason Funds                        | mutual funds      |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
|  |                   |                               | <input type="checkbox"/> Jointly            | <input type="checkbox"/> Jointly            |
| 6. Warburg Pincus Funds                      | mutual funds      |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
|  |                   |                               | <input type="checkbox"/> Jointly            | <input type="checkbox"/> Jointly            |
| 7. Newberger Berman Funds                    | Mutual Funds      |                               | <input type="checkbox"/> You                | <input type="checkbox"/> Spouse             |
| 8. Valia                                     |                   |                               | <input checked="" type="checkbox"/> Jointly | <input type="checkbox"/> Jointly            |

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

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 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 SAME AS SECTION "B", CHECK HERE \_\_\_\_.  
 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 |
|----|------------------|---------|------------------|
| 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 of 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 page 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. | Walton State Bank<br>Walton Kansas | Director      | Spouse       |
| 2. |                                    |               |              |
| 3. |                                    |               |              |
| 4. |                                    |               |              |
| 5. |                                    |               |              |

G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays 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 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 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 page 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.  |                           |         |             |
| 9.  |                           |         |             |
| 10. |                           |         |             |
| 11. |                           |         |             |
| 12. |                           |         |             |
| 13. |                           |         |             |

H. **DECLARATION:**

I, Neida E. Sauerwein, 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.

2-1-95  
Date

Neida Elaine Sauerwein  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_\_.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

SENATE CONFIRMATION QUESTIONNAIRE  
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Delbert H. McDaniel

Home Address: 2 Hilltop

City, State, Zip Code: Hutchinson KS 67502

Home Phone: 316 / 662-0312

Business Address: 2600 East Fourth

City, State, Zip Code: Hutchinson KS 67501

Business Phone: 316 / 663-1244

Date of Birth: 4/11/36 Place of Birth Tucson AZ

Party Affiliation Indep. KBI Check (Yes/No) \_\_\_\_\_

Appointed as: Dairy Marketing Advisory Board

Effective 8/1/94 for the one year term  
ending 7/31/95 Succeeding W. Jew

Salary N/A Statutory Authority 1994 S.W. Chapter 17

Statutory Requirements \_\_\_\_\_

1. EDUCATION:

High School Tucson

Year Graduated 1954

| Postsecondary                | Degree, etc.     | Dates       |
|------------------------------|------------------|-------------|
| <u>University of Arizona</u> | <u>Dairy Mfg</u> | <u>1959</u> |
| _____                        | _____            | _____       |
| _____                        | _____            | _____       |

Senate Ag. Co  
2-4-95  
attachment 3

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

| Dates | Name  | Location |
|-------|-------|----------|
| _____ | _____ | _____    |
| _____ | _____ | _____    |
| _____ | _____ | _____    |

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? \_\_\_\_\_ Yes \_\_\_\_\_  No  
If so, please list dates and offices held.

| Date  | Office |
|-------|--------|
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? NO  
If so, please list dates and offices held:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? NO  
If you were a registered lobbyist, did you receive any compensation? \_\_\_\_\_  
List groups you represented or for which you employed a lobbyist:

|       |
|-------|
| _____ |
| _____ |
| _____ |

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

SOME thirty plus year in the Dairy Mfg field operating mfg facilities for a major food company

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

Plant manager in 10 production facilities for a major food company and an independent manufacture.

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? NATIONAL Guard  
If so, please list dates of service, branch of service and date and type of discharge:

1958 - 1964 Special Forces Honorable

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

Return to: Mary Holladay  
Appointment Secretary  
Office of the Governor  
2nd Floor, State Capitol  
Topeka, KS 66612

Del McDaniel  
Signature





C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income 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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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 |       | PERCENT OF OWNERSHIP INTERESTS |       |
|----|---------------------------|------------------|-------------------------------|--------------|-------|--------------------------------|-------|
|    |                           |                  |                               | _____        | _____ | _____                          | _____ |
| 1. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 2. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 3. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 4. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 5. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 6. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |
| 7. |                           |                  |                               | _____        | _____ | You                            |       |
|    |                           |                  |                               | _____        | _____ | Spouse                         |       |
|    |                           |                  |                               | _____        | _____ | Jointly                        |       |

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.  
 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 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 SAME AS SECTION "B", CHECK HERE \_\_\_\_.  
 If you have nothing to report in Section "E"1, check here \_\_\_\_.

|    | NAME OF BUSINESS  | ADDRESS                           | TYPE OF BUSINESS |
|----|-------------------|-----------------------------------|------------------|
| 1. | JACKSON ICE CREAM | 2600 E 4 <sup>th</sup> Hutchinson | ICE CREAM & MILK |
| 2. |                   | KS 67501                          | PROCESSOR        |

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 of 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 page 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. |                           |               |              |
| 2. |                           |               |              |
| 3. |                           |               |              |
| 4. |                           |               |              |
| 5. |                           |               |              |

G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays 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 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 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 page 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.  |                           |         |             |
| 9.  |                           |         |             |
| 10. |                           |         |             |
| 11. |                           |         |             |
| 12. |                           |         |             |
| 13. |                           |         |             |

H. **DECLARATION:**  
 I, Robert H. McQuinn, 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.

1/30/95  
 Date

Robert H. McQuinn  
 Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_\_.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

SENATE CONFIRMATION QUESTIONNAIRE  
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Dennis D. Metz

Home Address: Route I Box 200

City, State, Zip Code: Wellington, KS 67152

Home Phone: 316, 455-3556

Business Address: Route I Box 200

City, State, Zip Code: Wellington, KS 67152

Business Phone: 316, 455-3556

Date of Birth: 12-31-42 Place of Birth Wellington, KS

Party Affiliation Republican KBI Check (Yes/No) No

Appointed as: Deputy Marketing Advisory Board

Effective 8/1/94 for the 2 year term

ending 7/31/96 Succeeding New Position

Salary N/A Statutory Authority 1994 S.L. Chapt. 174

Statutory Requirements \_\_\_\_\_

1. EDUCATION: High School Oxford High School  
Year Graduated 1960

| Postsecondary                     | Degree, etc.               | Dates       |
|-----------------------------------|----------------------------|-------------|
| <u>Fort Hays State University</u> | <u>B.S. in Agriculture</u> | <u>1964</u> |
| _____                             | _____                      | _____       |
| _____                             | _____                      | _____       |

Senate Ag. Co  
2-9-95  
attachment 4 4.1

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

| Dates       | Name   | Location             |
|-------------|--|----------------------|
| <u>1993</u> | <u>Kansas Dairy Association</u>                  | <u>KSU</u>           |
| <u>1977</u> | <u>Kansas Farm Bureau</u>                        | <u>Sumner County</u> |
| <u>1964</u> | <u>Kansas Dairy Herd Improvement Association</u> | <u>Manhattan, KS</u> |

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? Yes  Yes  No  
If so, please list dates and offices held.

| Date        | Office                      |
|-------------|-----------------------------|
| <u>1985</u> | <u>USD 358 School Board</u> |
| _____       | _____                       |
| _____       | _____                       |

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? No  
If so, please list dates and offices held:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? No  
If you were a registered lobbyist, did you receive any compensation? \_\_\_\_\_  
List groups you represented or for which you employed a lobbyist:

|       |
|-------|
| _____ |
| _____ |
| _____ |

EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

Lifetime Dairyman  
Associated Milk Producers Inc. - Kansas Board  
Secretary-Treasurer of the Kansas Dairy Association

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: \_\_\_\_\_

I have been the owner/operator of a  
Grade A dairy since 1964.

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? No

If so, please list dates of service, branch of service and date and type of discharge:

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

Return to: Mary Holladay  
Appointment Secretary  
Office of the Governor  
2nd Floor, State Capitol  
Topeka, KS 66612

Dennis Metz  
Signature



FILED

FEB 02 1995

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT SECRETARY OF STATE

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

METZ DENNIS D

Last Name

First Name

MI

METZ MARILYN J

Spouse's Name

ROUTE I BOX 200

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

WELLINGTON KANSAS 67152

City, State, Zip Code

316\*\*455\*\*3554

Home Phone Number

316\*\*455\*\*3533

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

DAIRY MARKETING ADVISORY Board

List Name of Agency, Commission or Board

BOARD MEMBER

Position

\* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

\* 3217



**C. OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income 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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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   | PERCENT OF OWNERSHIP INTERESTS |
|--|-----------------------|---|--|--------------------------------|
| 1. Metz Farms<br>Rt. 1 Box 200, Wellington, KS 67152             | Grain & Dairy Farming | Livestock & Equipment Partnership with Son  | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly | 50%                            |
| 2. Dairy Farm - 160 acres<br>Rt. 1 Box 199, Wellington, KS 67152 | Grain & Dairy Farm    | Improvements & Land in Partnership with Son | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly | 50%                            |
| 3. Home Place - 80 acres<br>Rt. 1 Box 200, Wellington, KS 67152  | Grain & Dairy         | Home + Land                                 | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly | 100%                           |
| 4. 160 acres - Avon Township<br>Sumner County, Kansas            | Grain & Dairy         | land  | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly | 100%                           |
| 5. 80 acres - Oxford Township<br>Sumner County, Kansas           | Grain & Dairy         | land  | <input checked="" type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly | 100%                           |
| 6.   |                       |   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |
| 7.   |                       |   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |

**D. GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.  
 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 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 SAME AS SECTION "B", CHECK HERE \_\_\_\_.  
If you have nothing to report in Section "E"1, check here \_\_\_\_.

|    | NAME OF BUSINESS       | ADDRESS                                 | TYPE OF BUSINESS             |
|----|------------------------|---|------------------------------|
| 1. | JAED Oil Company, Inc. | P.O. Box 902<br>Arkansas City, KS 67005 | Oil Production (Pump & well) |
| 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. | USD 358          | Box 1000 Oxford, KS 67119 | Substitute Teaching |
| 2. |                  |                           |                     |

**F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position of 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 page 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. | Associated Milk Producers Inc.<br>Arlington, Texas | Board Member                      | Dennis Metz  |
| 2. | Kansas Dairy Association                           | Secretary / Treasurer<br>of Board | Dennis Metz  |
| 3. |  |                                   |              |
| 4. |  |                                   |              |
| 5. |  |                                   |              |

G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays 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 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 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 page 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.  |                           |         |             |
| 9.  |                           |         |             |
| 10. |                           |         |             |
| 11. |                           |         |             |
| 12. |                           |         |             |
| 13. |                           |         |             |

H. **DECLARATION:**

I, Dennis Metz, 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.

1-30-95  
Date

Dennis Metz  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

SENATE CONFIRMATION QUESTIONNAIRE  
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Elmer J Buessing

Home Address: Box 99 Rt 1

City, State, Zip Code: Baileysville Kans 66404

Home Phone: 913, 736-2906

Business Address: Same

City, State, Zip Code: \_\_\_\_\_

Business Phone: 913, 736-2906

Date of Birth: 1-1-31 Place of Birth Baileysville Kans

Party Affiliation Democrat KBI Check (Yes/No) \_\_\_\_\_

Appointed as: Joint Marketing Advisory Board

Effective 8/1/94 for the 3 year term

ending 7/31/97 Succeeding None

Salary n/a Statutory Authority 1994 S.K. Chapt. 174

Statutory Requirements \_\_\_\_\_

1. EDUCATION:  
High School Baileysville High School  
Year Graduated 1949

| Postsecondary | Degree, etc. | Dates |
|---------------|--------------|-------|
| _____         | _____        | _____ |
| _____         | _____        | _____ |
| _____         | _____        | _____ |

Senate Ag Co.  
2-9-95  
Attachment 5 51

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

| Dates       | Name                      | Location            |
|-------------|---------------------------|---------------------|
| <u>1961</u> | <u>NFO</u>                | <u>Ames Iowa</u>    |
| <u>1973</u> | <u>Archer oil</u>         | <u>Omaha Neb.</u>   |
| <u>1973</u> | <u>Purwater, Inc Dist</u> | <u>Lincoln Neb.</u> |

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? Yes no No  
If so, please list dates and offices held.

| Date        | Office                             |
|-------------|------------------------------------|
| <u>1980</u> | <u>Ottawa County NFO President</u> |
| <u>1982</u> | <u>Distric Vice President NFO</u>  |
| _____       | _____                              |

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? \_\_\_\_\_  
If so, please list dates and offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? no  
If you were a registered lobbyist, did you receive any compensation? \_\_\_\_\_  
List groups you represented or for which you employed a lobbyist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

I have been a Grade A Dairy Farmer for last 31 years 6 years as Grade B.

I have been Irrigation Farmer original Field man for last 6 years.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE:

Sales & Delivery for Ma-Cross Plant Food Co Marion Ohio 18 years

have been Ma-Cross Distributor last 5 years.

3 years Director Memory Co Coop Creamery Sdb

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? U.S. Navy

If so, please list dates of service, branch of service and date and type of discharge:

Nov 21 1951 - Nov 18 1955

Honorable Discharge

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? no

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

Return to: Mary Holladay  
Appointment Secretary  
Office of the Governor  
2nd Floor, State Capitol  
Topeka, KS 66612

Clmer J Buessing  
Signature



FILED

FEB 01 1995

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

Grid for Last Name and First Name: B U E S S I N G E I M E R J

Last Name

First Name

MI

Grid for Spouse's Name: B U E S S I N G G R A C E M

Spouse's Name

Grid for Address: B O X 9 9 R T 1

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

Grid for City, State, Zip Code: B A I L E Y V I L L E K A N S A S 6 6 4 0 4

City, State, Zip Code

Grid for Home Phone Number: 9 1 3 \*\* 7 3 6 \*\* 2 9 0 6

Home Phone Number

Grid for Business Phone Number: ~~7 3 6 \*\* 2 9 0 \*\*~~ S A M E

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

Grid for Agency Name: D A I R Y M A R K E T I N G A D V I S O R Y

List Name of Agency, Commission or Board

Grid for Position

Position

\* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

\* 2 6 1 8

C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income 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. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page 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   | PERCENT OF OWNERSHIP INTERESTS |
|---|------------------|-------------------------------|--|--------------------------------|
| 1. 240 A Dairy & Livestock Farm<br>milo, wheat, Beans   | Farmer,          | 100%                          | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly |                                |
| 2. MacCrus Distributor<br>Liquid Fertilizer to Farmers, | I sell macCrus   | 100                           | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Jointly |                                |
| 3.  |                  |                               | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |
| 4.  |                  |                               | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |
| 5.  |                  |                               | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |
| 6.  |                  |                               | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |
| 7.  |                  |                               | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Jointly            |                                |

D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.  
 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 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 SAME AS SECTION "B", CHECK HERE \_\_\_\_.  
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                     |
|----|--------------------------------------|-------------------|--------------------------------------|
| 1. | <i>Remond County Training Center</i> | <i>Seneca Pa.</i> | <i>Training for Mentors Retarded</i> |
| 2. |                                      |                   |                                      |

**F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position of 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 page 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. |                           |               |              |
| 2. |                           |               |              |
| 3. |                           |               |              |
| 4. |                           |               |              |
| 5. |                           |               |              |

G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays 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 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 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 page 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.  |                           |         |             |
| 9.  |                           |         |             |
| 10. |                           |         |             |
| 11. |                           |         |             |
| 12. |                           |         |             |
| 13. |                           |         |             |

H. **DECLARATION:**

I, Elmer J. Bussing, 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.

1-3-95  
Date

Elmer J. Bussing  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.